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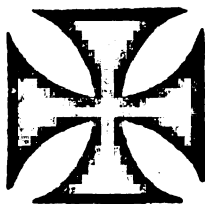
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The Trained Nurse



and Hospital Review



July
Number, 1910

Lakeside Publishing Company
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The Trained Nurse and Hospital Review

VOL. XLV.

NEW YORK, JULY, 1910.

No. 1

Nursing*

JOSEPH B. BISSELL, M.D.,

Professor of Surgery in the Medical Department of Fordham University, Surgeon to Bellevue and St. Vincent's Hospitals, Consulting Surgeon to Hospital for Deformities and Joint Diseases.

ATTENTION to details is one of the essentials to success in your calling, and in mine, too, for that matter. The small details mean much to the patient; they mean more to you.

All the rest of your life will be devoted to work, and if you are wise, you will occupy a part of it in study, not necessarily in the study of books, but in the study of humanity as it comes before you—sick, suffering or well humanity, in its various phases, good and bad, saint or criminal, under such circumstances and conditions as it is given only to nurses and physicians to see.

A writer opposed to the three years' course of hospital training for nurses asserts that the average length of the trained nurse's life is only ten years, and uses this as an argument against the present length of time which the nurse has to give up to the hospital training school. He thinks that three years' preparation for a ten years' vocation is unreasonable and unnecessary. To me the argument appears a good one. It may interest us to consider for a moment what becomes of a nurse at the close of those ten years.

Their ranks are depleted as follows:

1. By matrimony, many marrying a patient, a doctor, the patient's brother or father, and not infrequently the consolable widower, all of which may or may not be commendable, but is not conducive to continuing as a nurse.
2. By illness, previously inherent in the system and excited by the hardships and exposure of hospital labor.
3. By death, brought about by the severe and unaccustomed duties of nursing, or coincident only.
4. By promotion. Many of our New York pupils become superintendents of new schools throughout the country, or take a place in an executive capacity in private institutions.
5. There are those who drop out and go into other occupations, or owing to changed circumstances or conditions, or the changed views of relatives, return to the homes they probably never ought to have left.

Health, and robust health at that, is almost as necessary to a trained nurse as steam to a locomotive, without which neither can go far. A nurse who is frail or weak or has constitutional tendencies

*An address delivered before the Nurses of St. Vincent's Hospital and contributed to The Trained Nurse.

toward illness had better face the situation squarely and bravely early in her career. Success in nursing is not for her.

Neither is it for her who does not appreciate the seriousness of her choice of a livelihood, and who has ulterior motives in taking the hospital course. To both these I would say, even if you have been graduated, give up the work of nursing; you will very likely discredit it and yourselves.

I would suggest as the first essential that you fall in love with your work after graduation. You are no longer under the discipline and direction of stern and unyielding authority, perhaps rebelled against, but invaluable to you because it is authority and to be obeyed.

In place of this authority, set a standard for yourselves, set it high. You may never reach it, but it will stimulate you to try, and because of it you will strive and persevere and succeed. Upon such effort your success depends. The more you try the better you will do and the better nurses you will be.

Don't set your standard beyond being a nurse; you are not a doctor nor a detective, and it is not intended that you shall in any way take the place of the one or the other.

Don't undertake, because you think the physician in the case is giving the wrong drug, either through ignorance or criminal or murderous intent, to give an antidote or play the spy. There is a proper course for you to pursue in such cases.

The occupation of nurse is an honorable one, next, perhaps, to that of the sister of charity, the earliest type of trained nurse.

Nursing implies the exercise of an acquired proficiency in certain more or less

mechanical duties, and in this respect can attain almost to an art. The art consists in the ability to make an ill person comfortable in bed, also in carrying out the orders of the doctor, as completely as can be done without friction, and to the satisfaction of all the interested persons.

You must be quick-witted, a good observer, conscientious, resourceful, of good judgment, diplomatic, and above all you must adjust yourself satisfactorily to the domestic arrangements of the family in which you are placed.

In addition, if a surgical nurse, you must know how to clean your hands, the patient's wounds and skin, the instruments, prepare the room and the dressings, solutions, etc., again with the least disturbance to all concerned.

When you take the pulse, temperature and respiration, do it gently, pleasantly and firmly; not aggressively nor perfunctorily, but as things to be done to help the patient, and as if you liked to do them for that reason.

An agreeable voice in the sick-room is a valuable asset; you must have it; cultivate it if you haven't it.

Your manners are important; the people you are with will expect refined manners of you. Manners may not make the man, but they will go a long way toward making you a successful nurse.

Strive to be tactful to your patient; remember a sick man's character is changed, that the normal restraints are weakened and many frailties that good health hides are exposed when he is ill. Patience and tact will look beyond the present to the future. Don't sham a feeling or a pretense that you haven't got.

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acute and the patient will see through you to your discomfort if you do.

Ever strive to improve your knowledge. There is no reason why you should not be cultivated. Socrates was a stone cutter, Plato an itinerant seller of oil; the modern American philosopher, Thoreau, was a laborer.

You can cultivate coarseness or refinement, ignorance or intelligence. Choose the better part, enhance the value of your personality and your chances of success will be increased thereby.

There are unpleasant things in your chosen life work, but do them; there is drudgery in it, there ought to be; there are hardships in it, there ought to be; the experience is invaluable and develops your persistence and courage.

Drudgery keeps us to our duty, it makes for strength of mind and determination. All this is the discipline which brings out character. Character means success. A strong character based on experience, determination and courage will never fail.

Emergencies you will meet steadily and coolly; for that purpose you are a trained nurse. But after all don't expect your nursing life to consist of emergencies. Life is made up of the little hardships and difficulties. The patient looks to you for relief from the tedium of bedridden existence, painful position, uncomfortable headaches, lame muscles, mental pin pricks, the irritations of a fretful mind.

If for any reason or diversion you shirk your work, you are a false nurse. False to your patient, false to your calling, false to the community which by implication you agree to serve, false to

your moral obligations,

Do your work thoroughly, do it as if you were proud of it. Don't do it for reward alone, although not to be depreciated. Be worthy of his hire." Be of what you do humanely proved, and the world is it.

We who live now as ancestors; let us pay it this way our debts to those who preceded us, who working honest and self-made made ours the better of this inheritance. We to return what little we selfish service to our fellow

So you are to place your service in addition to take in it, as well as the results which it will bring

Steadily keep in view duty to that society in life you are no unimportant humble worker like you is the elemental worker that you do your duty fully, willingly and putting that every stroke brighten the burdens of this great world that nature

Wherever you work pointed lot, whether in training school, general to speak, or a humble ranks, do it proudly faithfully.

"Act well thy patient honor lies."

For the Saving of the Babies

CHARLOTTE A. AIKENS.

IT is nearly eighteen years since Nathan Straus began in New York his memorable campaign against impure milk, and since that time the establishment of milk stations in congested centres of population in the great cities has gone steadily on. It is one of the many lines of philanthropy in which private individuals or associations lead the way, demonstrate by a practical experiment what can be done, and how, when the experiment succeeds, and is clearly shown to be for the public good, it is practically certain in turn to be undertaken by the city and carried forward on a much larger scale.

Having decided that the work needs to be done, and on the best way to attack the problem, the next step is the raising of funds. The sale of milk can be depended on for a part of the funds needed, but other means have to be used to meet the expense of establishing the stations, providing ice, literature, and the salary of the nurse or nurses, who are important factors in the movement.

Public opinion is tending more and more to demand "pure" milk, in preference to "purified" or pasteurized milk. The so-called pure or "certified" milk is not always a possibility. It costs a good deal to produce it. Briefly stated, the requirements laid down by medical scientists for "certified milk" are about as follows: The cattle must be healthy. As a rule the tuberculin test is insisted on, and all known means to determine the physical condition of the animals are used. Milk should come from a herd rather than from a single cow. The

food and water of the cattle producing the milk are important considerations. Distillery slop, and other such food, which causes the milk soon to decompose is forbidden. Foul water must not be allowed, and certain precautions regarding changes from dry feed to grass must be observed.

The cows must be curried and cleaned regularly, so that no particles of hair or loose dirt of any kind may get into the milk during the milking process. The hands of the milker must be clean, and clean, washable garments worn during milking. The udder of the cow must be washed just previous to milking. Specially constructed milk buckets, with a small opening are used, and this opening is covered with several thicknesses of sterile gauze. The milk must not be allowed to stand in the stable till the herd is milked, but is carried at once to the separator, which must be kept in a detached dairy house.

Immediately after the milk passes through the separator (a standard percentage of fat is provided for) it is put in a cooler and quickly reduced to a temperature of 45° F. It is then placed in sterile bottles, is capped with a dated cap, and packed in ice for shipment. Every garment, bucket or utensil coming in any way in the neighborhood of the milk, must be sterilized by steam before using. This is the ideal toward which medical men and health boards are working.

A great variety of methods of raising funds for the work of pure milk stations have been tried. All such move-

ments as a rule start in a modest way with an equipment which is striking because of its simplicity. Given an organization under whose auspices the work of providing pure milk for the babies is to go on, and sufficient funds in hand are guaranteed to see the experiment safely through one season, and the work begins usually in one of the densely populated sections of a city. It is a help in the beginning, when the aims and plans of the milk station are not well understood by those who most need to patronize them, if an institution of some kind—hospital, dispensary, mission, settlement or institutional church—can be induced to lend a vacant room and the co-operation of one or more workers till the new work becomes established. This applies especially to work carried on by a new private organization. The Health Department in a number of cities has led in the work for the babies. Rochester, N. Y., has for long been conspicuous for the efficiency of its Health Department in this line of work, and the story as told by Dr. Goler, the health officer, of the modest beginnings of its work, is full of interest.

"This is the way we began our work ten years ago," writes Dr. Goler. "A pamphlet of eight pages was published in English, German, Italian and Yiddish, containing, in the simplest form, the chief points relating to the care and feeding of infants. It was entitled: '*How to Take Care of Babies During Hot Weather.*' Across its face in large red letters was printed, '*Give the Baby Water.*' In type large and distinct were these two sentences: 'No other milk, no other food, not even a wet nurse can take the place of milk from the child's own mother.' 'Don't feed bananas, candy, popcorn, sugar or anything else

but milk unless told to do so by your physician.'

"The headings of the pamphlet were:

"'TO KEEP A BABY WELL.

"'1. Give it pure air day and night.

"'2. Give it no food but mother's milk, milk from the bottle, or food directed by the physician.

"'3. Whenever it cries, or is fretful, do not offer it food. Give it water.

"'4. Be sure that it gets enough sleep, two naps during the day at least.

"'5. Do not put too much clothing on it.

"'6. Bathe it in a tub every day.

"'7. Don't handle it; let it alone.'

"These headings were briefly discussed in the body of the pamphlet.

"Then we started a milk station in charge of a trained nurse, with a woman assistant. In one of the most densely populous portions of the city, a vacant store was rented. Behind a rough counter a large sink was installed and the necessary table, racks, etc., were erected. An oil stove furnished heat for the apparatus in use. Milk was procured from what the milk inspectors thought to be one of the best farms in the vicinity. It was prepared and sold at cost, varying from two four-ounce bottles for one cent, to one cent each for eight-ounce bottles. A deposit of three cents was required on each bottle and rubber cork. In the first instance, the mother or nurse was required to come to the milk station and bring the baby, where, in the absence of a physician, the baby was weighed, and a milk mixture prescribed according to the weight of the child and not according to its age. The nurse talked with the mother about the air, water, food, sleep, recreation and clothing of her child, using the little pamphlet as her guide; and then, giving

the mother one of the pamphlets, called attention to the care of the child as there directed. * * * We conduct our milk station work from July 5 to September 1, that being the time of year when babies most require clean milk. Each station is in charge of a trained nurse, who is provided with a table, chairs, scales for weighing the baby, a supply of pamphlets, paper and twine for wrapping up milk bottles, and a large refrigerator kept well stocked with ice."

The average cost per year of this work in Rochester has been \$1,000.

In New York City the "Summer corps," so-called, was begun as far back as 1876, when a staff of physicians was appointed to serve for the Summer months, their services being offered to sick babies without medical care.

Personal instruction of the mothers, which is now regarded as of as great or greater value than anything else in the work for the saving of the babies, has been gradually developed. Within the past couple of years it has been carried out according to definite and comprehensive plans, its main purpose being to keep the baby well. Last year the Division of Child Hygiene of the Department of Health was created, and it was made possible for the preventive work to begin on April 15, instead of in July as previously. This comprehensive plan of education resulted in a decrease, in 1909, of twenty per cent in the death rate of babies under two years of age, as compared with the previous year.

Each nurse is assigned for duty to a definite district, and a scheme of co-operation between different agencies was arranged which prevented overlapping of territory and conflict in work. Speak-

ing of the necessity for co-operation and consolidation of all existing agencies as an essential to success, Dr. Thomas Darlington, late Commissioner of Health of New York City, says: "It has previously been comparatively common for mothers to be visited by nurses or agents from four or five different agencies, distributing as many forms of printed instructions, sometimes conflicting, and generally bewildering to the over-visited woman. The loss of total efficiency is evident. This year five different agencies have volunteered the services of nurses who have worked under the direction of the Health Department. It has a staff of its own numbering 141."

Of all agencies laboring in behalf of the babies in New York City, the Association for Improving the Condition of the Poor has been among the most aggressive and efficient. Through its effort, the New York Milk Committee was organized, successfully launched, and financed in its early stages until it had demonstrated its usefulness and the time had come for it to become a separate and independent organization. This association has a well-defined educational policy, which has been adhered to with encouraging success for years, and which has been an inspiration to social workers in centres far from the metropolis. Junior Sea Breeze, its city camp for sick babies, has for four years been one of the important centres for such work.

In Cleveland, the Babies' Dispensary and Hospital has within two or three years developed a work of no small proportions. In the Summer of 1909 it conducted four branch dispensaries for babies, an outdoor ward, and has carried on the work of providing the pure milk necessary. The story of its work

with and for the babies is as interesting as a fairy tale, and far more profitable reading than any such tale.

In Indianapolis systematic work for reducing the number of deaths of babies due to diarrheal diseases has made a splendid beginning in the organization of the Pure Milk Commission, and has at least two seasons of work to its credit.

The movement grows steadily. Summer work is only a step to all-the-year-round work, for those who have most experience with the problem realize and admit that "putting forth our efforts to combat the diarrheal diseases of infancy at the time when they are at their height is but a partial move in solving the problem."

"In the reduction of infant mortality," says Dr. Darlington, "and in the campaign for child health, many and diverse factors are concerned. Proper housing, sanitation, including ventilation and fresh air; the diminution of the evils of

congested living quarters, a pure water and milk supply, pure food and hygienic personal habits must receive attention. Sanitary science has placed at our disposal the knowledge requisite for combating these evils; but corrective or repressive measures can never be wholly effective, and preventive means can succeed only if people as a whole are receptive and possess a spirit of co-operation. This can only be attained by means of widespread education of the masses. In all large communities, the poorer element of the foreign-born population presents the greatest problem encountered in municipal health work. Diversified in their habits, often superstitious, and resentful of any interference with their mode of life, oppressed by poverty, frequently ignorant or neglectful of the simplest sanitary requirements, their assimilation as citizens of their adopted country comes only as a result of education, persistent, inclusive and never ending."

Practical Points

Dr. J. F. Edwards, superintendent of the Bureau of Infectious Diseases, Pittsburg, advises all persons who cannot afford to own a refrigerator to adopt this plan for a simple home-made ice box, which will preserve a five-cent cake of ice from twenty-eight to thirty-two hours:

An ordinary wooden soap box with a lid; two tin pails, one five gallons and the other three gallons; a bucket of sawdust and a bundle of newspapers.

Place the larger pail inside the box and pack the space between the pail and the sides of the box with sawdust or newspapers. Place the smaller pail with a piece of ice inside the larger pail and fill it half full of

water. The bottle containing the milk is placed inside the smaller pail.

The lid of the box is covered with several layers of newspapers and kept on the box.

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A well-known orthopedic surgeon says: Regarding "plaster of Paris bandages," the water for immersing the bandages should be hot if it is desired that the plaster set quickly, and cold when the opposite is wanted. Salt will hasten the process. The padding for plaster of Paris splints should be the best quality of ordinary cotton. Absorbant cotton should never be used under plaster of Paris bandages. For jackets, stockinette or neatly fitting shirts are best.

Seventh Day Adventist Nurses

JAS. D. MONTGOMERY.

THERE are nurses and nurses—nurses good, bad and indifferent. To the first named class of nurses we trust the readers of **THE TRAINED NURSE** belong. In fact it is difficult to long read a journal of this kind without at least making some improvement. That is why we take it. And then we have male nurses and female nurses; religious nurses and nurses that are not so religious; nurses registered and unregistered; trained and untrained; graduate and “practical.” Then, besides all these, we have with us the denominational nurse, who is, we hope, not entirely distinct from all the others in personal qualifications, but is somewhat different from all, in that she is controlled and paid by some denomination, or church. It is of this class that I desire to write at this time. Not that I care to discuss the denominational nurse as a class, or as a whole, but the nurses of the Seventh Day Adventist Church in particular.

Who are they? What are they? Wherein do they differ? How do they work? are questions that remain unanswered in the minds of many and it is my intention to answer some of these questions in this article.

1. “Who are they?” They are nurses trained in the sanitariums of the S. D. Adventist denomination. There are about one thousand of them in actual employment in the various sanitariums of the denomination at the present time, including undergraduates. There are probably that many or more that have been sent out to do work in home and foreign mission fields or to work inde-

pendently. These 2,000 or more nurses are scattered all over this country, in Europe, and in the various mission fields of the world.

This is not at all a large company of nurses, speaking in the comparative sense. There are as many or more nurses as this whole company in many of the large cities of the world. Hence it might seem that they are too small and insignificant to give special notice, and they indeed would be, were it not that there are some other questions about them to be answered.

2. “What are they? Or perhaps I should say, “What are their principles?” For indeed it is this and this only that makes them differ from the great army of trained nurses all over the land.

These principles cannot be entirely ignored, for the reason that a small army of nurses scattered abroad in the world, working along certain well defined lines, and on principles that differ materially from those of other schools, cannot but have an influence that will, to a certain degree, mold professional and public opinion in regard to the best methods of nursing. Whether these methods are better, and whether the principles are correct, must be decided by the individual reader for himself. However that may be, if their methods appeal to only a *part* of the doctors, or even the patients, it will be harder for the next nurse to give entire satisfaction, unless she, too, can apply the methods of her predecessor. This influence is, and will continue to be, an unconscious leaven in the world molding the demand for nurses’ services. And, may I suggest, the only way to

meet this thing is to become familiar with these methods and the reasons therefor, and thus be able to fill the demand wherever met. It is for this purpose that I have undertaken to outline the matter in these articles for the readers of this journal.

In some things, yea in many things, the S. D. A. nurse is like all other nurses. In ethics they are taught to carry out the Golden Rule and treat all others as they would that all others do to them were circumstances reversed. This is believed to be pure ethics, both professional and social. This, we believe, covers all points in the much discussed matter of "Nursing Ethics."

In training they receive about the course of the average nurse, with the addition of the matters yet to be mentioned in these papers.

In surgery and surgical nursing the instruction differs but little from that received in any hospital training school, with the exception of some things in post surgical nursing.

In anatomy, physiology, hygiene, materia medica, and the various lines taught in training schools the instruction is about the same. In physiology there is much stress laid on the *care* of the body in health as well as in disease, because it is taught that our bodies are the "Temples of the Holy Spirit," and as such they deserve a very careful study with the view to preservation. In materia medica the use of the various drugs is taught, and also the *abuse* thereof, and the danger attending their use. That is, the untoward effects are pointed out as well as the more harmless effects. Of course everybody understands that all drugs are foreign to the body and are treated by the body as foreign matter and as such are to be eliminated as

quickly as possible. It is this action on the part of the body that makes most drugs at all valuable. Were this not so, of what value would cathartics and such like be worth? And so it is with many other substances used as medicine. The body regards them as an enemy and the vital forces are quickened to overcome and to eliminate the drug, and these stimulated vital processes may perchance overcome the disease at the same time it is trying to overcome the drug. This beneficial action is pointed out to our nurses, and then the danger of overdrugging, and useless drugging, is also impressed upon their minds. It will be noticed that all S. D. A. nurses are extremely careful in giving medicines, always remembering that any mistake in medicine giving may cost the life or good health of the patient.

In the anatomy classes we study the structure of the body with the thought kept prominent that we are the handiwork of God, made after a definite pattern, made in the likeness of our Maker. "I will give thanks unto Thee for I am fearfully and wonderfully made . . . my frame was not hidden from Thee when I was made in secret . . . Thine eyes did see mine unformed substance, and in Thy book were they all written, which day by day were fashioned, when as yet there were none of them."—Ps. 139; 14-16 R. V. These thoughts make the study of form and structure anything but dry and dull. It gives zest and interest and much benefit to what is usually regarded as the driest and the hardest of all the studies that go to make up a curriculum for nurses.

The theory of disease as given by one of the most voluminous as well as the most revered writer in the whole denomination is as follows:

"Disease is an effort of nature to free the system from conditions that result from a violation of the laws of health."—Ministry of Healing; P. 127. And again, "Nature bears much abuse without apparent resistance; she then arouses and makes a determined effort to remove the effects of the ill-treatment she has suffered. Her effort to correct these conditions is often manifested in fever and various other forms of sickness."—P. 235. It may be said by some that this is not true in the case of infectious and contagious diseases, but it is held and taught by this people that even contagion is not possible if the body is entirely normal. It is also held that the resulting sickness from exposure to infection is the effort of the system to rid itself of this particular poison.

The theory of germ action in disease is not denied, so far as I know, by the doctors and nurses of this denomination. But it is not probably taken quite so literally as is done by many schools. They seem to hold more to the idea of poor health resulting from bad personal habits which lower the resistance of the system and thus let down the bars to the various infectious diseases that flood the world at this time.

It is recognized by all that the life has much to do with one's state of health. If the habits be those of a glutton or drunkard we do not at all expect them to resist the ravages of disease as will those whose habits are correct. It is conceded that consumption is caused by poorly ventilated sleeping and living rooms and sedentary habits. It is also recognized by all that unsanitary conditions will soon breed typhoid, yellow fever, and many other diseases. And we believe that if the matter were sifted down to its fountain head it would be

found that all diseases are the direct or indirect result of sin.

The above view of the cause of disease will of itself reveal what the treatment of disease should be. If being *out* of harmony with law is disease, it naturally follows that being *in* harmony with law is health. And if harmony with law is health and prevention from disease, then the process of healing is no more than the operation of getting back into harmony again. This may be accomplished in different ways, and these "ways," as it were, are the difference between nurses of this denomination and those trained elsewhere. What these "ways" are and the method employed in administering them we will reserve for another article.

This idea of getting the patient back into harmony with nature for the cure of his troubles very largely supplants the use of poisonous drugs and other medicinal remedies. We aim to assist the operation of natural laws in their efforts to restore the body to the normal condition. How may we be of assistance? What can we do to help? We can only help in two or three ways. We can remove the cause as far as possible; we can remove obstructions, as in the case of the bowels and pores of the skin; we can alleviate pain and discomfort; we can then sit down and watch "the Lord that healeth thee" operate through His law. This is not much by way of remedy, but it is usually found sufficient for cases not too far gone to recuperate. The Bible does not say very much about remedies. In fact, prevention is the sovereign remedy set forth in the Scriptures. Do not contract disease is the advice of the Great Physician. And yet, in a general way, there is a remedy mentioned in the Word that may be ex-

pressed in one word, repentance. Repentance means sorrow for wrong doing and the turning away therefrom. When one is overtaken in a physical fault he is to right-about-face and march the other way. In fact, one's health always depends upon this very thing. There can be no exception to this rule. There never was one—never will be one.

In dealing above with some of the principles by which our nurses work I intimated that I would try to point out some of the means by which they carried out these principles. Some of them are as follows:

In the medical creed of this people is an article stating that the use of poisonous drugs is not necessary in the treatment of disease. There is a general understanding that these drugs are unnecessary in both health and sickness. Hence it is necessary to provide some other means to combat the untoward symptoms that arise in all critical cases. Some of these are given below:

Instead of strychnia and other cardiac stimulants they use the cold applications or perhaps the alternate hot and cold as the needs may be. These applications rightly applied may be made to act both as a heart stimulant and also as a sedative, and that almost instantaneously.

Calomel is considered by the profession at large as an efficient cholagogue, but our nurses regard the hot and cold alternate application to the area over the liver as more efficient than the chloride and much less dangerous. They also recognize the specific action of certain fruits and use them as occasion may indicate.

The saline laxatives and other drugs are used to induce movement of the bowels, but these nurses have learned to value the enema as more desirable in

many ways. Also they are trained to diet for the same results, and, as a consequence, benefit not only the bowels but the general health also.

Nux vomica, hydrastis, arsenic, etc., are supposed to be fairly good stomachics, but we regard the fruit acids, as grape fruit, limes, etc., as superior without the attending danger. But as a genuine gastric tonic nothing aside from food can at all compete with the alternate hot and cold applications to the epigastric region. These are regarded by the nurses under consideration as safer and better in that there is absolutely no untoward after effects.

Morphia and other drugs are considered good nerve sedatives, but our people only resort to them in extreme emergencies. For a nerve sedative it has been found that hot applications to the spine and massage give excellent results. Again there is noted no ill effects from their use, but rather benefits accruing rapidly.

There are various medicines used as anodynes, but we find in our simple tissue-relaxing hot applications pain-relieving effects powerful enough to relieve most aggravating pains.

Acetanilid may be a specific headache remedy, but we find that headache may usually be relieved without resort to this remedy. Headache is usually relieved by a common hot foot bath, and may be entirely cured by finding the cause and removing it. The cause for many a headache may be found in intemperance at the table. Hence the removal of the cause and other means will entirely cure the troublesome headache. Drugs cover up the ache—rational remedies remove it.

Salol and phenacetin are used freely as an antithermic agent, but the better

antipyretic we find in the judicious use of hydrotherapy. There are various applications in use for this purpose, but I may not attempt to describe these measures, as much harm may be done by the novice attempting to reduce temperature by these means.

Digitalis, ergot, ipecac, are considered fair antiphlogistics, but we regard them as comparatively inefficient to what is termed the rational remedies. To reduce local inflammation the application of cold is regarded efficient by those using these methods. Continuous cold application will reduce the most violent inflammation if rightly applied.

There are many drugs used as a general tonic with indifferent results. The

proper use of hydrotherapeutic measures will produce the desired effect rapidly and well. Thus we find that in the use of remedies the company of nurses under consideration work on entirely different lines from those of most other schools. We have not space nor time just now to go farther into the principles and practises of Seventh Day Adventist nurses, but I may say that I have merely touched upon the subject. In ways innumerable and under circumstances variable and at times distressful these faithful nurses apply these principles, and to the uninitiated it seems wonderful what can be done by such simple means if only one knows when and how to use them.

California.

The Ninth Annual Commencement exercises of the Agnew Hospital Training School for Nurses, San Diego, were held Thursday evening, June 2d, at the San Diego club house. There were musical selections, an address by Dr. Anita Newcomb McGee, presentation of diplomas by Dr. F. L. Magee, and presentation of pens by Dr. J. Perry Levis to Miss Karen Rohde, Miss Marcia Emily Roth, Mr. Ellery Alexander McDowell, Miss Mary Katherine Small and Miss Mayme Chalfont, graduates, and to Miss Sabina Charlton and Miss Elizabeth Irene Burns, post-graduate. A reception followed the exercises.

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Personal.

Miss Mary W. Vare, of Hammonton, N. J., a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, Pa., has been engaged by Dr. Strong's Sanitarium, Saratoga Springs, New York, to succeed Miss Helen M. A. Grant, also a graduate of the Pennsylvania Ortho-

paedic Institute, to take charge of the Mechanical Department of the sanitarium.

Miss Grace E. Stamp, R. N., graduate of Mt. Sinai Hospital, New York City, and formerly Superintendent of Nurses James Walker Memorial Hospital, Wilmington, N. C., has assumed charge of Orange Memorial Hospital, Orange, N. J., with Miss Anne Mac-Edwards, R. N., also of Mt. Sinai Hospital, as Assistant Superintendent.

Miss Carrie I. Farrington, formerly in charge of the Woman's Department of the Utah Hot Springs Sanitarium, has resigned her position and is taking post-graduate work at the Battle Creek Sanitarium.

Mrs. J. B. Lang, of Bishop Memorial Training School, Pittsfield, Mass., '90, who has been conducting Lang Sanitarium, Waterbury, Conn., has given up same and taken Laurel Beach House, Laurel Beach, Conn., which she will conduct as a Summer hotel.

Some Points in the Care of the Insane

ANNE E. PERKINS, M.D.

IN spite of the reforms in the treatment of the insane that have led to the abolition of padded cells, the knocking off of fetters and chains, minimizing restraint, naming the refuges *hospitals* instead of lunatic asylums, we have yet much to change.

There remains a widespread misconception of insane hospitals—a strong prejudice against them. We hear people speak of the great abuse patients receive and say that they would prefer their relatives or friends to die before going to such a place. If they are shown all over a hospital they will ask if there are not worse wards where no one is allowed. When shown the most violent wards they ask if there is not still a chamber of horrors. They expect so much noise and violence. In fact, they have an idea that really “crazy” people are raving maniacs, senseless and dangerous. There is a popular *fear* of the insane even among some physicians and most general hospital trained nurses.

This leads to much deception on the part of relatives. Before a patient is taken to the hospital, to make it easier and smoother for the family, the patient is often told he or she is going to a hotel to board, or to a private sanitarium; or more often, that a fine position has been secured for them at some distance. The most elaborate falsehoods are “framed up,” as that the physician or attendant is a distant relative and will take them to meet a son, husband, mother, etc.

Beware of lies to an insane patient. They are unnecessary, inexcusable, and *diminish* the chances of the patient's recovery; for it is absolutely necessary to

establish and maintain a patient's confidence. If their initial attitude is one of suspicion and hate because they have been deceived, little can be done for them.

And so the law in New York requires that the patient shall be told where he is being taken and why.

Patients should be searched before taking them to a hospital, as they not infrequently have concealed knives, revolvers, morphine, whiskey or poison on their persons and may kill themselves or others. On the way to the hospital they cannot be left alone an instant lest they escape or commit some overt act. Many a patient has escaped a nurse while she telephoned and turned her back for an instant, or because a request to “step into the next room or bathroom a moment” was granted. Show no fear of the insane and treat them as *sick* people. If cases are kept at home the greatest care and watchfulness is necessary to guard against homicide or suicide. One often reads of a patient at home who hanged himself or herself “while the nurse slept for an hour.” Constant vigilance is required, especially with depressed cases, for often suicide is not merely an impulse, but an obsession—brooded over, the way planned, the opportunity watched for so closely that three minutes' leeway may give the chance. Windows must be arranged not to open over six inches, all possibly injurious medicines or poisons locked up, matches and scissors put away, unless some one is present.

One patient in a sanitarium took Fowler's solution. Another who was not suspected of suicidal tendencies was

given a parole and unfortunately allowed money; he bought a revolver, came back and shot himself.

Patients everywhere, especially in hospitals, should have their clothes, &c., searched each night. Some secrete tobacco, others make most ingenious keys from the aluminum combs and escape thereby. A great variety of weapons may be found, as stones tied in a handkerchief to use as a slung-shot, door knobs, and even balls of tinsel from tobacco, solidly molded together, primitive knives, &c. Suicidal cases often secrete the strong scrubbing soap and eat it, or seize the turpentine that is being used on the floor. Some break windows and secure a piece of glass. One patient broke a jelly glass on her tray and hid a sharp triangle. Just as she was about to use it on her throat a patient called the nurse. One patient received a box of candy from which the tongs were not removed and sawed the arteries in her wrists. A suicidal patient will take the cord of a bathrobe or hem of a sheet to hang herself. Patients should *never* be left alone in water section or bathroom. Some have stood on their heads in buckets of water and drowned, or in taking a bath they are liable to scald themselves, especially if they are demented or general paralytics with impaired sensation. It would be well for all general hospital nurses to take a course of at least nine months in an insane hospital to cultivate general watchfulness and observation, learn the application of packs, baths and hydrotherapy in general, tube-feeding, &c. This training develops an acuteness that prevents accidents and suicide. The nurse learns to keep her head and act quickly. I recall a case where a parole patient in one institution was considered nearly well and showed no signs of de-

pression. During the night the nurse heard a slight unusual sound and went, on a sudden impulse, the rounds of the ward. She thought it must have been a patient snoring, as all was quiet. Presently this patient went by her to the water section, as she frequently did. Again an irresistible force made the nurse rush after. She found her sawing at her throat with a narrow piece of glass she had secreted during a walk. The noise heard was air from the severed trachea. She wrested it from her, carried her into a room where a nurse was sleeping, waked her and had her call a doctor, then quietly removed all traces of blood so that the other patients were unaware of what had transpired.

Great tact is necessary with many of the insane to make them eat, bathe, or do the simplest things for themselves or in the line of helpful employment. Those who are not ill physically are much better when employed, under supervision.

A patient cannot be *disciplined*. One can be firm but still polite. Study the patient's peculiarities. Do not speak harshly and never lay a hand on a patient if it can be helped—i. e., to take them by the arm or shoulder with a show of authority and demand that they sit down or go back to bed. Most patients will resent it and perhaps attack the nurse.

Be careful what you say, for it must always be remembered that many apparently hopeless cases recover and remember and relate accurately much that occurred. Never threaten a patient that if she does not do this or that you will punish her or withdraw some privilege. Patients may talk most abusively, profanely, obscenely, accuse the nurses of gross abuses, but one must always remember that they are irresponsible. And

after all, we do not know what we ourselves or our own may come to, and should treat patients as we should want to be treated.

Patients, unless absolutely demented, always have some reason, however absurd to others, for what they do; try to get at this. Some will not eat for months and have to be tube-fed. Later one may learn that the patient had her reasons—thought she should not eat, as it was wrong or that she would starve herself, or that the food was poisoned or contained snakes, or that the world would be ruined if she touched food. Some of them go on calmly thinking that they have not received any food, in nasal tube-feeding, and assert that it has not reached the stomach. With these feeding through the mouth by passing the tube, after holding the teeth apart by a mouth gag, is often helpful, and they will begin to eat sooner.

It is useless to argue with any patient or to try to talk away a delusion, and say that it is absurd and ridiculous. You only antagonize the patient so that perhaps she conceals her delusion. If it could be explained away it would not *be* a delusion. A delusion is a *false belief* that no amount of explaining can banish. The patient will not—cannot—accept even the evidence of sight and sound.

There are very few cases that should be cared for at home. Certainly it is wiser to take them away from the environment or personal factors that have entered into their trouble. One's own are generally the worst people for them to be near.

All acute cases, melancholias, epileptics and general paralytics should be taken from their homes. Insane epileptics may be very dangerous—often kill

others while having an epileptic equivalent, and remember nothing about it. It is better for the relatives not to be continually harassed and upset by the presence of an insane person in the house. The danger is very great in all cases of depression, as it is easier to obtain means of ending life. These cases do better in the hospital or sanitarium when they do not see their relatives often, as they usually are made worse by visits. Here they should be put to bed at first, treated as sick people, as they generally are, not merely in mind and nerves, but physically, from eating too little. They should be encouraged in a general way without absolutely denying their ideas of hopelessness and commitment of the unpardonable sin, etc. They may be told that we hope by and by things will be better, look different; that they are ill, and when they are stronger they can see how much brighter life is than they thought.

The bowels of all insane patients must be watched carefully, as many are so engrossed in their delusions and others so demented as to pay no attention to the calls of nature, and accordingly become very constipated or have a resulting diarrhoea. Many would never ask for water, and should be frequently offered it.

Apathetic and lethargic cases should have cool morning sprays, unless otherwise ordered by the physician, and these are helpful for masturbating cases. Excited and nervous cases do better in a prolonged warm bath, 100 degrees, and may be kept there from a few hours to days. Massage, packs, plenty of hot milk or cocoa will do wonders for these cases. Often they have taken insufficient food for weeks and are badly nourished and need hyper-feeding. Hyp-

notices should be generally avoided. Amenorrhoea is very frequent, and a source of anxiety to the family. It often continues for several years in a young woman, though she may not be necessarily in bad physical condition. Sleep can be prolonged an hour in the morning by the simple expedient of darkening the window in the early hours. The insane often wake with the first ray of light and do not sleep after.

It is easier to care for those actually ill than for the convalescent or chronic cases, but for these some suitable employment and amusement must be found. Sometimes a patient will do fair work for a week, to her own great benefit, on the promise of a trolley ride, a

handkerchief, ice cream or candy. But promises must be scrupulously kept. Choose for suitable cases appropriate books, or let them have magazines and look at pictures. Picture puzzles help some to pass the time, and simple games, as checkers, dominoes and cards. Many do fancy work and sewing or help in the ward, and it is always a gain if a patient can be interested in the ward.

If someone accompanies them in their walks and calls attention to birds and flowers, some will grow to take an interest in these, will keep a list of those seen, and gather flowers for study, especially if they have some simple book illustrated.



CLASS OF 1910, ST. LUKE'S HOSPITAL, OF BALTIMORE CITY.

Those standing, from left to right, are: Misses Emma Maley, Maud B. Gray, Edna H. Barnard and Mazie M. Snyder. Sitting: Misses Bessie C. Muman, S. Elizabeth Hurren, Superintendent of Nurses; Nellie M. Hutchins and Eva E. Gibson.

Eliminative and Tonic Baths, and Other Treatment for Toxemia

MARY H. TUFTS.

AT the present time many physicians hold the theory that a large number of diseases are caused by, or associated with, toxemia or autotoxemia.

This paper is intended to outline as briefly as possible the hydiatic measures and some other treatments often used with success in the conditions of toxemia.

The old saying, "A little learning is a dangerous thing," may well apply to the application of hydrotherapy treatments. A nurse should never attempt to carry out a course of this kind of treatment without the sanction of the patient's physician.

According to many of the most eminent authorities, water is more nearly a panacea for all human ills than any other known agent. The physiological effects of water are due to those qualities which enable it to be used: 1. As a nutrient, entering into the composition of every structure and serving a useful purpose in nearly every function, especially as a vehicle for conveying food material to the tissues, and in removing wastes. 2. As a means of abstracting heat from the body by contact and evaporation. 3. As a means of communicating heat to the body. 4. As a means of producing certain mechanical or percutient effects.

Other agents, as hot and cold air, hot vapor, electric light, sunlight and massage, are capable of producing similar effects, and these means are very generally employed in connection with water in hydrotherapy.

In toxemia, the effects to be gained by treatment may be briefly stated as follows: The general vital resistance must be increased, the toxins destroyed or eliminated, and bacteria destroyed and eliminated.

Vital resistance has been defined as a property of the individual cell. Therefore, to increase the vital resistance, the energy and activity of the cell must be increased. And hydrotherapy can do much toward accomplishing this, if used in a rational and scientific manner.

Applications of cold are of value through their exciting or tonic effects. The most useful of these procedures are: 1. Wet hand rubbing. 2. Cold mitten friction. 3. Cold towel rub. 4. Wet sheet rub. 5. Dripping sheet. 6. Shallow bath. 7. Pail douche. 8. The wet sheet pack. 9. The wet girdle. 10. The chest pack. 11. The rubbing sitz. 12. Alternate sponging of the spine. 13. The alternate spinal compress. 14. Cold water drinking. 15. The small cold enema. 16. Showers and percussion douches.

Any of these tonic procedures may be preceded by a short hot application as a preparation for the cold applications, but the hot application must be very brief, and the cold application be sufficiently prolonged to produce the dominant effect. It is to be remembered that cold is primarily a depressing agent, and therefore applications intended to increase vital resistance must be very brief and must be promptly followed by reaction.

The lower the temperature of the application, if the duration be short, the more highly tonic will be the effect.

Cold applications first quicken then slow the action of the heart, raise the blood pressure and increase the movement of the blood and the lymph through their proper channels in all parts of the body.

All procedures which encourage vital resistance, encourage the destruction of toxins by stimulating the toxin-destroying cells of the thyroid gland, the liver, the spleen, the lymphatics and other tissues. The hepatic douche and the splenic douche increase the activity of these two largest glands in the body. A general cold douche powerfully stimulates all the bodily activities by which the destruction of toxins is promoted.

Bouchard and other eminent writers have shown that the perspiration of the ordinary healthy person contains great quantities of toxic matter. Therefore, eliminative baths, especially the electric light bath, the sweating wet-pack and the vapor baths are valuable means for encouraging the elimination of toxins resulting from bacterial action or perverted metabolic processes.

The kidneys, liver and bowels are the most important outlets for toxic substances and waste. The liver disposes of alkaline waste, the kidneys remove urea, uric acid and other products of deficient oxidation, and a great number of toxins are eliminated through the intestines.

Water is said to act as a germicide by increasing the alkalinity of the blood, and especially by increasing leucocytosis, and the activity of the lymphatic glands and other organs capable of destroying bacteria.

Leucocytosis is of great importance

as a means of combating bacterial infection. And it is said that by the regulation of the local blood movement and volume, leucocytosis may be encouraged to almost any desired degree.

Winternitz, Thayer, Thermes and others have shown the influence of the general cold bath in producing general leucocytosis. And local leucocytosis may be produced to a remarkable extent by the heating compress frequently renewed and by the alternate compress.

Strasser and others have shown that the cold bath increases the absorption of oxygen and the elimination of the CO₂. And by the employment of hot baths in such a way as to elevate the body temperature, the oxidation of proteid substances is increased.

Cold applications for the purpose of increasing oxidation should be general in character; or, at least, should be extensive enough to lower the body temperature a few tenths of a degree, in order to develop the reaction necessary to increase heat production, and, consequently, consumption of the carbonaceous elements.

The treatments most effective for stimulating oxidation of fats and carbohydrates are the cold immersion, the plunge bath and the cooling pack.

The most effective means of stimulating nitrogen oxidation are by the hot immersion bath, the heating pack, the hot dry pack, the vapor, hot-air and Turkish baths, sun bath and electric light bath. These general hot applications to be followed by a very short, cold application to counteract the depressing effect of the hot bath and to restore the tone of the skin.

In most forms of chronic disease there is grave disturbance of the general nutrition, arising from the failure of the

tissues to maintain normal metabolism.

Hydrotherapy is an efficient measure by which the sluggish organs are awakened to normal activity, provided the integrity of their tissues has not been extensively damaged. The same measures used to increase vital resistance may be used to encourage general and local metabolic processes.

The development of invading bacteria in cases of infection may be delayed by prolonged application of cold, when it is possible to make the application directly to the part involved. When deeper parts are effected, the growth of parasites may be combated by increasing the alkalinity of the blood by means of general cold applications and by the application of measures already described for favoring local leucocytosis.

We are taught that stasis of the blood and lymph encourages morbid processes by favoring the development and the accumulation of waste and toxic substances in the tissues, thus leading to unhealthy tissue formation, and by weakening the resistance of the cells, which become poisoned by their own excretions so that they are unfitted for combat with invading parasites.

The same measures which have been described as favoring leucocytosis may be successfully employed in relieving stasis of the blood.

A summary of the organic changes produced by heat and cold may be grouped as follows: 1. Elevation of the body temperature is accompanied by increase of metabolism. 2. A fall of temperature is accompanied by decreased metabolic change. 3. Short cold applications cause rise of temperature and increase of metabolism. 4. Prolonged cold applications cause fall of temperature and diminished metabolism. 5.

Short hot applications cause fall of temperature, with diminished metabolism. 6. Prolonged hot applications cause rise of temperature and increased metabolism, especially increased oxidization of albumin. 7. No disturbance of metabolism occurs as the result of baths at neutral temperatures, or while the body temperature remains normal. 8. Strasser has demonstrated increased alkalinity of the blood after cold baths, and diminution after hot baths. 9. Jarret has demonstrated that the acidity of the urine is decreased by warm baths, and may even become alkaline.

In febrile conditions, when heat production is increased, antipyretic applications do not lessen the heat production unless applied in such a way as to cool the muscles and produce a diminution in the general body temperature.

The primary effect of cold applications is to increase CO₂ production. In the reaction period there is elevation of temperature, which, if sufficiently pronounced, is accompanied by an increased oxidation of albumin.

In the treatment of toxemia by hydrotherapy, massage and other allied measures, we must not forget that it is the patient and not his disease who is to be treated. The present day teachings tend toward the conclusion that the curative forces reside in the body, and all efforts toward cures must be made to supply such conditions as will sustain and aid the natural forces of the body to regain their normal balance. Therefore, we must consider the causes underlying the patient's disease. In toxemia, as in other abnormal conditions, we usually find that faulty habits of living have much to do with the condition.

In chronic diseases we have two general classes to deal with: those in which

the seat of the disease is a local irritation of mechanical or other origin, or in which there is a local mechanical or tissue injury. 2. Those due to a diathesis or a constitutional condition.

Therefore, a thorough and scientific examination of the patient should be always made as a foundation for hydriatic treatment and to determine the existence of contraindications for its employment.

The urine should be examined for presence or absence of albumin, sugar, blood, casts, etc., and for the determination of the elimination of nitrogenous wastes.

The blood should be examined to determine the blood count, and relative proportion of red and white cells.

The temperature should be taken for several times successively if possible before recommending, or, rather outlining the course of treatment. Fever may be the result of toxins of bacterial origin, as in typhoid; or it may indicate the presence of an excess of tissue poisons, either from diminished excretion or from over-production.

Nervous symptoms may be either due to the presence of nitrogenous waste, which is the so-called uric acid diathesis, or may be due to some sympathetic irritation arising from some disease as enteroptosis.

Every case should be examined for pathological changes, either structural or functional.

The general physical state of the patient must be considered, and also the physical aptitudes or temperament.

In general, the treatments must be both palliative and curative. And it is a tremendous mistake to direct all the treatment to any one circumscribed portion of the anatomy. Patients, as a rule,

urge a relief of the symptoms that most annoy them. And with patients beginning treatments of this kind for the first time, it is necessary to make an explanation of some of the apparently aggravated symptoms that almost invariably arise at the first part of the course of treatment.

Dr. Kellogg and a number of other experienced hydiatists claim that this exaggeration of symptoms, and the occasional appearance of symptoms quite new, are probably due to the intensity of the visceral activity, brought about by the strong stimulation of the sympathetic nervous system produced by the hydriatic applications. These increases in intensity of symptoms do not necessarily mean that the patient is getting worse, or that the treatment does not agree with him.

The patient should be made to understand that the reorganization of badly depressed vital processes will be at best a slow matter, and that there may be no diminution of chronic symptoms for some time. This is always a source of discouragement to patients, as is also the expense necessary in carrying out any protracted treatment.

However, it is important that patients suffering from chronic disease should continue treatment until there has been a disappearance of the symptoms of his disease, and the vital resistance increased. Chronic disease is never completely cured. Though symptoms disappear, there is the permanent constitutional weakness, exposing the patient to breakdowns of the same sort again. Therefore, the best that can be done is to supplement these treatments with a careful attention to diet, exercise and general hygienic measures.

(To be continued.)

Anatomy and Physiology

The Muscular System

CLARA BARRUS, M.D.

(Continued from April.)

THE *thumb* especially is well supplied with muscles, making it possible for the human being by means of the hand to achieve marvellous and complicated movements denied to any other animal. More than thirty muscles take part in moving the *fingers* alone. These hand movements are capable of extraordinary development in skill and variety, and a large part of the wonderful results we enjoy in an accomplished pianist or a violinist, for example, is due to his cultivated dexterity of these various muscles. The arts and crafts owe their achievements to the training of the human hand as a servant of the intelligent brain. This is one of the first and most rational steps in a sound education—rendering the muscles obedient to the ideas conceived by the mind. In this we get a hint as to how best to restore certain abnormally working minds to more nearly moral activity—by teaching patients to *do* things, to make their muscles subservient, first to the simpler movements, in obedience to the will, and then, by easy stages, to go from the simple to the more complicated movements.

In a general way the *muscles of the lower extremity* correspond to those of the upper. There are those in the iliac region, seen in the abdomen after the removal of the organs, that are concerned in bending the thigh on the pelvis, in helping support the spine, and in accomplishing the various movements of the loins. Then there are the large mus-

cles of the thigh that aid in maintaining the upright position and in moving the thigh and leg in the various directions; and those of the *leg and the foot* that supplement these and enable us to perform all the varied acts of standing, walking, sitting, bending, kneeling, kicking, dancing, etc. In the lower extremity, however, the position of the extensors and flexors is reversed, the extensors being on the anterior surface and the flexors on the posterior surface.

The *sartorius*, or tailor's muscle, the largest one in the body, crosses the thigh diagonally from the hip to the inner side of the knee. Its inner border forms the chief guide to the surgeon in tying the large artery of the thigh. It is the muscle used in crossing one thigh over the other. The large four-headed muscle called the *quadriceps extensor*, is the one that forms the fleshy mass of the thigh anteriorly, and its four parts unite in forming the tendon that encloses the patella—the part that we tap in testing the activity of the knee jerks when examining the patellar reflexes. There is a *biceps* in the lower extremity also, but this being a flexor, is on the posterior part of the thigh. The *gluteal muscles* make up a large part of the hips, together with a large mass of adipose tissue they form the prominence of the *buttocks*, the fleshy cushions on which the body rests in sitting.

The chief muscles on the back of the leg are named the *gastrocnemius* and the *soleus*, the former making up the chief

part of the calf, and the latter being just beneath it. Together they form the biggest tendon in the body, called the *tendo Achilles*, which is about six inches long and extends from the middle of the leg to the heel bone. This tendon is named after the Greek hero, Achilles; the tradition being that his mother in his infancy dipped him in the river Styx to render him invulnerable, but because she held him by the heel, thus preventing that part from getting wet, this point was his one weak one, and here in later years he received his death wound.

The foot is, of course, more restricted in motion than the hand; but twenty muscles take part in moving the toes, and it is very probable that were we to exercise and train the muscles of the toes more, we could attain a much greater degree of dexterity than we are now capable of; in fact, this has been proven again and again by maimed persons who, deprived of the use of their hands, have learned to write, to play the piano and to perform other extraordinary feats with their toes.

We need to cultivate more respect for our muscles; to regard them more as useful servants, capable of much better work than we assign to them. They do the world's work, they build our cities and our homes, procure us food, manufacture the things we use, or build and set going the machinery to do it; they deliver the lectures and sermons, write the books, sing the songs, bring forth the music from the various instruments and paint the pictures that we enjoy; they form the sounds that make our speech that helps us to communicate with one another. If they are untrained and undeveloped, we are undeveloped; if they are flabby, our thoughts are likely to get flabby and our good intentions to mis-

carry and fail to become deeds. So that body-building—muscle building—is really brain building and character building. By our muscles, not of the face alone, but of the entire body, we express the thoughts we habitually harbor. If we fail to train the muscles, they sometimes get the upper hand and not only govern but also betray us, revealing things we would far rather keep concealed.

In connection with the thought of muscular training as a means of expressing and governing the emotions, we are led to consider the curious interrelation which exists between cause and effect, and effect and cause. Those who have studied expression most say that by assuming certain expressions of face and certain postures of body that have been found usually to be the natural result of certain feelings, we can induce those feelings when they do not exist in us. For example, if we feel dumpy and disconsolate and let our mouths droop and our shoulders too, and sit humped over, brooding on the things that depress us, we foster the feelings already controlling us, but if we begin to act a little, put on a cheerful expression as a garment, throw our chests out, walk off with a sprightly step, and try to make other people think we never felt better in our lives, it is an actual fact that we can not only fool other people into thinking we are cheerful, but we can also fool ourselves into getting almost cheerful, if not quite so. Hence, it is permissible to assume a virtue (in muscular action) if you have it not. In a lesser way you can test this thing by imitating another's gait and manner. Walk behind a "chesty," self-important person, trying to walk as he does, and see how quickly you can induce in yourself a temporary

feeling of exaggerated self-esteem, then imagine how easy it would be to make this temporary feeling more and more persistent if the "chesty" attitude should become second nature. Shrink from cold and contract your chest and see how quickly you shiver and feel colder and colder; stretch and yawn and feign sleepiness and watch yourself getting really sleepy; sigh and groan long enough and you can deepen a sadness and discomfort that could often be dispelled by an opposite course of conduct; dance and sing and the mirth you teach your muscles to simulate will often actually come in place of its counterfeit.

This, then, gives us a hint in directing the postures and habits of the patients, as well as in our own self-discipline. But be careful how you tell a patient in so many words to "cheer up." Rather make him forget that he needs to cheer up, and by dint of some surprise or diversion or subterfuge get him, even for a short time, to assume the expansive attitudes instead of the depressed ones; to cultivate the extensors, if the flexors are over-developed, and so, by degrees, to overcome the undesirable expressions and attitudes by substitution.

As skill, endurance and perseverance are the fruits of well-trained muscles, so fatigue, restlessness, forcelessness, lack of control and of poise are the result of our failure to require our muscles to perform purposeful acts. We need to consider carefully this truth in its practical application. Children and patients given to choreic movements, to *tics*, fidgets and the like, need judicious muscular training, but they should not be put at work requiring the use of the finger muscles that demand skill and exactness, but rather to the exercise of coarser muscular movements, so to counteract

these tendencies and bring the entire body into harmonious action.

The motor restlessness that shows itself in automatic muscular mannerisms common in nervous children, and especially prevalent in certain disease types (such as licking things, clucking, grinding the teeth, scratching, tapping, twirling or chewing the hair, or pulling it out, biting the nails, shrugging the shoulders, raising the eyebrows, moving the ears, pulling at buttons, twiddling the thumbs, nodding the head, squinting, winking and blinking, swaying, grimacing, scraping the floor, picking the face, sniffing, crackling the joints, nibbling and sucking things, trotting the leg, and still others not named) are all expressions of fatigue, due to overstimulation of the nervous system, resulting in nerve strain and to under-stimulation of the larger free harmonious muscular activity that would do much to correct and remove these bad habits. By coarser muscular work I mean the exercises of the legs, back, shoulders, chest and arms—climbing, lifting, dragging, carrying, etc. The almost ceaseless activity of a wide-awake healthy baby, the play of children and the athletic games of adolescence are all nature's means for training the coarser muscular movements, while the finer muscle training in the young begins in kindergarten work, later in writing their school exercises, and still later, as education progresses, in drawing, piano practise, in the pronunciation of words in a foreign tongue, in singing, dancing, acting and the like. And the same steps that educators use can be used by you on the wards in training your patients to get control of their various muscles, for the patient's good chiefly, as I have said elsewhere, and only secondarily to obtain the product of their

work. In the talks on the occupation and amusement of patients, I have tried to suggest various expedients for accomplishing this muscular training, but a few simple things may properly be mentioned here.

If you have no apparatus for exercise, you are by no means hampered in this work—walking is one of the very best means of general exercise for the majority of patients, and few there be who get enough of it. If they can walk in the open air, so much the better, if not, on the hall or balconies is better than not to walk at all. Walking backward is excellent practise, and some patients can be induced to do this, it being something out of the ordinary, just to show their ability over that of some one else, when they would not do it for another motive. Sometimes fidgety ones can be cajoled into trying to sit perfectly still for a half minute, gradually extending the time, bringing this about in a playful way; others can be persuaded to spin a top, to stand or walk on one foot, to rise on first the heels and then the toes, to practise arm movements—simple things, but not to be set aside as unworthy of your attention and trial. And best of all it is to get the patients to do things that they can develop a real interest in, especially if the work admits of progress, and of some real constructive ability on their part.

But in enjoining work we must not forget *play* which is quite as essential to the well being as work itself, even to persons who have passed the period of

childhood. Games and sports, gymnastic exercises and so on, come in this category, but, like everything else, certain sports and gymnasium practises are capable of abuse, and by over-development of certain parts at the expense of others, we see "muscle-bound" gymnasts, over-taxed hearts and other results of injudicious methods. It will be a long time, however, before one will need to caution you as nurses against the over-exercise of your patients, except in a few isolated cases; one rather needs to remind you of the necessity for resorting to all the legitimate means you can devise to get your patients to take sufficient exercise for their muscular well being. In this connection I will conclude this talk by reminding you of that old Eastern allegory of the wise dervish, who knew that all mankind, as a rule, need to be cheated into doing what is best for them. His ailing and lazy Sultan came to him for medical advice. He knew that candor would not be appreciated, so he said to his royal patient: "Your Highness, I have saturated this bat and ball with costly and efficacious medicinal herbs that are needed for your cure. Knock the bat and ball about every day until you perspire freely, and thus absorb the medicines in them through your pores, and Your Highness will be cured of this malady." The Sultan did as he was told. He was cured; but the cure was effected, not by the absorption of medicines, for there were none—the wily dervish having deceived the Sultan on this point—but by the simple means of needed exercise.

Within the Colossal Suit Case, There Do I Reside

CHRISTIE M. WILLIAMS.

I DARE say that no one thing plays so great a part in the life of the trained nurse as her suit case. One frequently hears of the traveler touring the Continent with only a suit case as baggage. The traveler that goes in this way wears a tailored suit, carries the necessary toilet articles, a change of underclothing and a few waists, usually silk or something that does not have to be laundered.

The nurse must carry enough wash dresses to last an indefinite length of time. She must go prepared to meet every emergency. There is no doubt that it is an art to live comfortably in a suit case. If managed well it can be done. First of all, select the case with the greatest capacity and least weight. Leather is entirely too heavy—the light wicker or masche are far more sensible, they weighing about one-half as much as leather, are cheaper, and quite as durable. It is well to have two, one kept for clothing, the other for sterile dressings.

It is inconceivable that so many articles can be packed in one small compartment; it is quite possible if everything is purchased with regard to bulk. For instance, the uniform of white—and almost every graduate nurse wears white these days—can be of long cloth or a light weight linen, and for a change in Summer a pretty dimity of some kind, instead of the heavy shrunk cotton that so many nurses wear. The night-gowns should be of the soft French variety; the kimono of thin wash material for Summer and some washable flannel or outing flannel in Winter. A

very nice kimono is made of umbrella silk. It is soft, washable, and comes in a variety of pretty colors. It is *imperative* that everything be as *light* and *small as possible*.

The case should be packed with the greatest care. The nurse should be able to go to her suit case any time, day or night, and lay her hand on anything she wants, without scratching and scrambling through, as I have known some to do. The luxury of a dresser drawer or two is not provided in every family—so learn to keep things in order without it.

Things that are used the least are packed in the bottom; stockings, collars, handkerchiefs, all have their own separate corner, and are always kept there. It saves time both in packing and unpacking if you have a regular system. For instance, if hypodermic and tablets are always kept in their places, and wanted in a great hurry, one can find them in the dark. It is nice if one can have a fitted toilet case; that takes a great many little things out of the large case that have a faculty of losing themselves, unless great care is taken. A great help to the nurse who often has to pack in the quickest possible time is to have a standard list for the average case neatly printed and pasted on the inside of the cover. This saves time and removes the chance of possibly forgetting some very important and much-needed article, if one but casts an eye down the list. One list contains the following:

Three caps, five uniforms, two belts, six collars (aprons?), three corset cov-

ers, three suits underwear, four pairs stockings, three nightgowns, slippers, kimono or night uniform, handkerchiefs, toilet napkins, comb and brush, tooth brush, dentifrice, wash cloth, towels, soap, laundry bag, nail file, button hook, pencil, fountain pen, stationery and stamps.

"Housewife" — Thread, thimble, scissors, buttons, darning cotton, pins, hooks and eyes.

Tablet of chart paper, hypodermics and case, thermometers (clinical and bath), strychnine, gr. 1-30; morphine, gr. $\frac{1}{8}$; atropine, gr. 1-100; nitro glycerine, gr. 1-100; digitalis, gr. 1-100; apha morphia; glass douche tip, glass enema tip, glass catheter, rubber catheter, high rectal tube, irrigating tips, hot water bag, hand brush, antiseptic tablets, rubber gloves, scissors, hemostat, linen tape.

On the cover of the "Sterile Suit Case" is printed three lists: Obstetrical, major operations, minor operations. The obstetrical contains:

Three sheets, two doctor's gowns, one nurse's gown, one package cotton, three packages vaginal pads, eight to twelve towels, patient's gown and stockings, two packages small sponges, one package large sponges, one package cotton balls (for babe's eyes and mouth), umbilical dressing.

The operative packages are seldom used by the private nurse, and these can be procured from the hospital. The obstetrical must be prepared again and again by the average nurse. A good way to do is to go to the patient's home, make pads, cotton balls, sponges, etc., having first given the patient a list for supplies; put all in packages, pack in suit case and send to hospital for sterilization—home sterilization, at best, being very risky.

When called to a contagious case, the contents of the suit case may be transferred to two suit boxes that can be

burned when the nurse is released from quarantine. Suit boxes should always be kept on hand for this purpose. Take only things that can be boiled or thoroughly disinfected. Call a carriage and go in uniform, without coat or hat. If too cold to go without, wear and send back by driver. A good way to do is to save old shoes for such cases, that can be burned; those with rubber heels can be worn at night instead of contaminating bed slippers. Upon leaving the case all laundry is thoroughly disinfected and sent to the laundry, the man instructed to deliver same to nurse's home. Take an antiseptic bath and shampoo. Of course everything has been disinfected and fumigated when the quarantine is raised. Upon reaching home a second bath is taken, clothing soaked in formaldehyde before sending to be laundered; shoes and suit boxes burned, instruments boiled. The nurse has then done her duty to prevent the disease from spreading.

Do nurses realize the importance of being well dressed? Being well dressed does not necessarily mean in the height of fashion or following the latest fad. It means neatly and simply. Neatly and simply means tailored. Let every one remember "to put the best foot forward always!"

"First impressions are the most lasting." Therefore, let each one present the most immaculate and well groomed appearance possible at all times. The woman who wears a badly fitting suit or uniform hasn't the confidence or self-respect, and, therefore, does not inspire it in others. The scientifically packed suit case and, as nearly as possible, the perfectly gowned nurse should go hand in hand.

The Diet Kitchen

Food and Its Use

ROSAMOND LAMPMAN.

EXTRACTIVES, or the flavoring principle of meat and other foods, are included with the protein compounds because of the nitrogen they contain. They are the chief ingredients of all meat extracts—beef tea, etc.—and are usually classed as stimulants and appetizers.

Fats are derived principally from animal foods, as meat, butter, cream, milk, fish, etc.; also certain vegetables and cereals, as olives, olive oil, oatmeal, maize, and some varieties of nuts. Fats are used in the body to form fatty tissue and to nourish the nerves and other tissues. They are the chief fuel ingredients of our food; they serve to maintain the animal temperature of the body, and yield energy in the form of muscular and other powers needed for its work.

It is said that one-fifth of the body weight is composed of fat, but the amount of fat taken in the body varies under certain conditions, as the quantity of fattening foods eaten, exercise, age, etc. Starches and sugars of food are changed to fat in the body and stored as such, the body thus forming a supply of fuel, kept in reserve, to be utilized when there is a deficiency of fat in any of the constituents of food.

Sugar is principally of vegetable origin, of which there are many kinds. That which we use most commonly in our food is cane sugar, or sucrose, obtained from

the juice of sugar cane, beets, maple-tree sap and other vegetable growths. Besides cane sugar, there are a number of sugars, as grape sugar or glucose, milk sugar or lactose, fruit sugar or levulose (diabetin), malt or lactose, honey, etc.

Glucose, or grape sugar, is one of the varieties of sugar which exist in large quantity in peaches, pineapples, strawberries, grapes and other fruits. Glucose is commonly manufactured from starch; it is more readily absorbed in digestion than is cane sugar; it also undergoes fermentation more readily and is apt to produce flatulent dyspepsia. It has less strength of sweetness than cane sugar, and is often used as a substitute for the syrups of commerce. Confectioners use it in making "fondant," or the soft fillings used for bon-bons, etc.

Lactose, or milk sugar, is taken as a food in some quantity with milk, and forms a very important element in this form of diet for infants or patients with weak digestion. It is less liable to produce acid fermentation than cane sugar. That of commerce is principally manufactured in Switzerland.

Levulose, or diabetin, is a fruit sugar in crystallized form. It is sweeter than cane sugar and has a somewhat fruity taste. It is said that diabetic patients can use it in considerable amounts without it reappearing again in the urine or disturbing digestion.

Starch, the most widely distributed of the vegetable principles and the chief source of the carbohydrates, is an easily digested form of vegetable food when properly cooked, though not as available for the repair and growth of the tissues as fats; yet, by its oxidation it saves tissue waste, and, like sugar, furnishes both heat and muscle force.

Starch, when presented to the naked eye, has the appearance of a white powder, but when examined under the microscope it is seen to consist of transparent oval granules of a somewhat uniform structure.

These small granules will not dissolve in cold water, but when cooked in boiling water they swell and burst open, and are then easily dissolved.

Starch forms the principal part of every day diet. It is found in nearly all breadstuffs; wheat, corn and rye flours are more than one-half starch. Rice, which is "the staff of life" in the "Far East," contains eighty per cent; in the common potato each cell is completely filled and distended with the accumulation of starch and water. The greater part of cornstarch, sago, arrowroot, tapioca, peas, beans, turnips and carrots consists of starch.

In the case of patients with weak digestion, all starchy foods, as cereals, etc., should be partially dextrinized, artificially, or by long cooking, at a temperature which will change the starch to such an extent that it may be easily converted into dextrine and then into glucose by the digestive fluids.

The mineral salts are as essential for the perfect building of our bodies as any

of the other elements. They are mingled with all food materials in more or less quantity and are distributed through all parts of the body, in the blood, tissues, brain, bone and other organs. Like the other food elements, they are constantly being consumed and eliminated; therefore, they must be continually replaced by means of food. Fresh vegetables and fruits are particularly valuable as food because of these salts; whole wheat flour, barley, oats and rye are rich in mineral salts, the most important of them being phosphate of lime, which enters so largely into the structure of the bones and teeth. It is not thought that mineral matters are changed by digestion.

Water, one of the most important articles of diet, is a compound of oxygen and hydrogen, although it undergoes no change in the body; yet, it enters largely into the chemical composition of all its organic matters. It forms the principal ingredient of the fluids in the body and gives to them the power of holding a great variety of substances in solution. In this way new supplies are conveyed to the points where they are required. At the same time it acts as a solvent to wash out materials from the system whenever it is needed.

It is said that water constitutes by weight not less than sixty per cent of the average human body. It is introduced into the system with all kinds of food, and is the basis of almost all drinks. It is therefore very important that the water we drink or use in the preparation of all food should be as pure as possible, and if there is any doubt of its purity it should be filtered and sterilized.

Editorially Speaking

A Training Problem

FOR some years the predominance of surgical work that finds its way to hospitals, the predominance of facilities for surgical work and the lack of facilities for treating medical patients according to the best known modern methods has been the cause of more or less desultory comment. How serious the training aspect of this condition is has received scant attention. Yet, to our minds, it is one of the most serious phases of the training and nursing situation. Every private nurse except those few who specialize along a certain line, or who get the majority of their calls from hospitals for "special nursing" of private patients, is likely to tell you that she gets very few calls to surgical patients in their homes. The bulk of her work is likely to be medical cases. Yet the waning facilities for giving training and experience in medical nursing in hospitals is seldom mentioned. A large number of so-called "general hospitals" are practically surgical hospitals. One instance will illustrate. A certain man who was considering leaving a bequest to a hospital or to hospitals that met his idea of what a general hospital should be in regard to business management, dissemination of knowledge tending to better care in sickness and through proper training of doctors and nurses, inspected or investigated a well-known high-grade so-called "general" hospital of about 175 beds. The training school numbers about 75 nurses. At the time of his visit there were exactly seven medical patients in the hospital, and out

of over two hundred patients enrolled in the last month or so, there were but ten medical patients. This is an illustration of a condition that could be duplicated many hundreds of times in the United States, and it certainly would seem to call for serious consideration on the part of those who are desirous of improving nurses and nursing. Most of the nurses graduated go directly into private work after graduation. They are trained, highly trained, as surgical nurses, but many very poorly trained as medical nurses. Yet their future work as private nurses or as visiting nurses must largely be among medical patients. Graduates of special hospitals are debarred from registering in a number of States, but what of the graduates of general hospitals, so-called, which are in reality surgical hospitals? To even hint that the training of the nurses in such hospitals was defective in this important particular would be strongly resented, but it is true. This situation only emphasizes more strongly the conviction that is growing in the minds of many that two or three months should be required of every pupil nurse, of nursing in private homes of people of limited means, or of visiting nursing before graduation—this not simply to benefit the limited means patient, but to round out the training, which the changed character of hospital work renders necessary.

If medical patients can be comfortably and successfully cared for at home there is surely no strong reason for taking them out of their homes, except when

the illness would endanger the people of the immediate neighborhood. If the nurse cannot get the training in medical nursing which she needs (and she certainly cannot in a great many hospitals) there is no good reason why she should not be allowed to secure the necessary experience under proper restriction and supervision in homes in the community, providing, that in getting the experience she did not encroach on the province of the graduate nurse—that is, that such nursing be confined to people who could not in any case pay the cost of the graduate.

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The Fourth of July Sacrifice

For seven years the Journal of the American Medical Association has been collecting statistics regarding the annual death rate and injury involved in our method of celebrating our national holiday. The public is slowly awakening to the folly of the sacrifice, and several cities have taken a vigorous stand against the practice of selling explosives recklessly to any who choose to ask for them. A number of the popular magazines have taken part in the campaign for a "safe and sane Fourth."

One of the most vigorous arraignments of the foolish methods which have been customary was contained in *Popular Mechanics* for March, 1910. It calls attention to the "coming sacrifice" and states that "for scores of healthy happy boys and girls the days of life are nearly ended." It pictures in a striking manner the results of a vote by Congress, if that were possible, to sacrifice one unknown boy each year as a national Fourth of July offering, the extra editions of newspapers announcing this extraordinary action, the editorial denunciation of the lawmakers, the public agitation and ex-

citement, the petitions to Congress and the President, and the Civil War that would surely follow an attempt to execute that decree. "Such an attempted sacrifice," says the *J. of A. M. A.*, "of course is an impossible one, but if it could be seriously suggested for a moment, the pictured results would be true in every detail. All this would occur over the contemplated sacrifice of one unknown boy; and yet, we supinely allow, year after year, the slaughter of hundreds and the mutilation of thousands, causing desolation and anguish in many homes."

This is one reform into which every intelligent citizen can enter heartily. Apart entirely from the serious physical risks involved, the racket and noise continued hour after hour, sometimes for the larger part of three days, have made it a day to be dreaded. Nurses who have come into immediate contact with Fourth of July results should be especially interested in any method of reforming the day, and all nurses who are lovers of humanity can add their voices to the general volume of protest against the insane customs which have been permitted to mar our Independence Day.

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The Widening Field for Nurses

As knowledge increases and civilization advances the opportunities of the nurse widen. One of the possibilities for nurses who have a gift for public speaking and a liking for change of scene is that afforded by the farming organizations known as "The Grange" and "The Farmers' Club," one or both of which are likely to be found in practically all of the States. These organizations are to the farmer, his wife, family and employes, what the nurses' associations are to nurses—that and more. They have

become the centre of social life in various communities, and represent the progressive and most intelligent part of rural life. There is a State association, a county branch and numerous local branches. The local branches hold monthly or semi-monthly meetings, at which all sorts of subjects relating to the farm and the farm home are discussed. State meetings are held once or twice yearly, at which the attendance of delegates sometimes numbers thousands. "State lecturers" are employed, who travel from county to county, and to local meetings, according to a schedule arranged by the general officers. In some States the expense of these lecturers is borne in part by the State. There are now a number of nurses employed as State lecturers, and a much greater demand for nurses to undertake this form of work is going to be felt before many years. They lecture on such subjects as home sanitation, the care of babies and children, tuberculosis and its prevention, diet and health, accidents and emergencies in the home, etc. Demonstrations in the line of bed-making and how to give the simple nursing treatments in the home are often given.

There are many nurses who have had years of experience in lecturing and teaching nurses who are well fitted by natural endowment to undertake this form of work. The opening wedge to this new door of service may come in an invitation to address some small local group of rural dwellers. It may seem a very small sized opportunity and its resemblance to a wedge may not be noticed, nevertheless such opportunities are often wedges.

The nurse who has a fondness for rural life and a longing for a "bit of God's earth all her own" which she may

cultivate may find it possible to secure an opening as a lecturer that will be profitable for the Winter months, leaving her free to develop her farming and gardening propensities in the Summer. The State colleges of agriculture can usually give information as to the officers of the associations one should apply to for a position as lecturer, and if a short course in the agricultural college can be taken it will prove a wonderful help in getting in closer touch with the people. In many State colleges several short courses of a month to six or eight weeks are offered.

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The Personality of the Teacher

FROM the beginning of trained nursing emphasis has been placed on the personal equation as an important element of success in practical bedside nursing. As our appreciation increases of the innumerable and subtle ways by which one mind, unconsciously or otherwise, influences other minds, we are placing more and more value on the personal make-up of the nurse, her adaptability or inadaptability to a given case and the effect her personality is likely to have on the patient to be nursed.

We have, however, placed less emphasis on the personality of the teacher as an important element of success in training-school work. We have considered the school in which she was trained, her standing in her classes, etc.; we have harped on the number of beds "always occupied;" made a great point of the number of medical men on the faculty, and have been very much given to overlooking the importance of the personal attitude of the person at the head of the training school to the whole problem of nurses and their training. If the woman at the head of the school re-

gards classes as of minor importance, to be skipped when there is any pretext for so doing; if she regards nurses as convenient, even necessary agents for getting so much work done, and cares little how much or how little they learn or fail to learn as the months go by; if she thinks and says that teaching is a bother, that she hates it, etc., it is hardly to be expected that the nurses "trained" by her will excel. If they do it will be in spite of her, rather than because of her influence. This phase of the training question was brought out at a recent meeting of the New England Association for the Education of Nurses by Dr. Richard Cabot, and his remarks are well worth considering. Dr. Cabot says: "A matter which I think needs to be considered from time to time, whenever we are considering the subject of teaching, whoever is being taught, whatever is the subject of the teaching, is the teacher. That is the thing which makes 75 per cent. of the difference. It isn't the curriculum or anything that can be set down on paper, but it is the personality of the teacher. I don't know where that seems more important than in the training school. I believe the best training schools to be those in which the nurse comes in closest contact either with nurses or with physicians whom they will admire in future years. I was talking with Professor Hausman, of the Harvard Medical School, about some of our classes in the medical school, and we agreed that the fundamental trouble with most of the

teachers was that they didn't really love human beings. He agreed with me, or, rather, I agreed with him that the first essential for a person who was to be a teacher of anything is that he should really love human beings and desire to communicate knowledge as a means for the expression of his affection."

We are hoping to see the day when there will be a place in every city for at least a few nurse teachers, who, having had experience in hospital schools, and have developed an enthusiasm for the teaching of nurses, can devote their efforts entirely to this work, being paid by the hospitals for a certain number of hours of class work each week. This would relieve the often overburdened principal of the school, or superintendent, and leave her free to spend more time in bedside supervision and instruction; it would do away with much haphazard work in training schools, and the nurses who really loved teaching, who really loved nurses, would be the ones most likely to consider this as a special line of work. Such a nurse would have an added incentive to study the methods of the best teachers, and the results should be gratifying to all concerned. The personality of the medical instructors is quite as important. Many, perhaps most, of the best lessons are learned outside of the class room through incidental informal personal contact at the bedside or in the operating room before or after the operation, with a doctor who had an ambition to use such opportunities to add to the nurse's knowledge.

Owing to the length of the reports of the national societies, it has been necessary to omit much interesting news matter, which, however, will appear without fail in the August issue.

The Hospital Review

The Revival of an Old Problem.

Hospital problems, like history, have a habit of repeating themselves, and every now and then the old familiar problem of the extent to which nurses should be required to give nursing care to male patients in a hospital bobs up in some new quarter. More than one institution has been torn with dissension over this same old problem. It looks as if it was time it might be settled for good and all. This time it is the Grady Hospital, Atlanta, which has been exercised to a serious degree over the matter. Conflicting accounts have reached us, but it appears that mixed up with the problem is another growing out of the division of authority.

According to the interpretation of the rules published over the signatures of the committee on medical matters, the medical superintendent is little more than a purchasing agent. The resident physicians or internes have exclusive control of the admission and medical treatment of patients. Complaints from either the house staff or nurses regarding patients in any way are to be made to the committee on medical matters, and not to the superintendent. Such a condition is certainly unusual, and it is little wonder that dissensions in this hospital have been frequent. It is said of the present superintendent that since he assumed charge, a year ago, expenses have been reduced, while the general efficiency of the service has been increased. More has been done for the patients than ever before on less money. It is possible, however, to carry the cutting down of expense too far, and if, as one report stated, the plan is to require young women nurses to care for the male patients in large charity wards entirely without the assistance of orderlies or male nurses, it is not to be wondered at if there has been internal disturbance. Every well-ordered hospital, however small, has an orderly where there are male patients. It is quite true that dependence on orderlies by nurses may be and has been carried too far, and no nurse with good sense will hesitate as to her duty if the

patient's comfort is concerned and the orderly is absent or not to be had at the time. There are exceptions to all rules, and the fact that nurses have done, and do, such duties in emergency is no reason why orderlies should be dispensed with. If it was an exception—an emergency when the orderly was not available and the nurses refused to give the necessary care—the nurses will surely in the future regret their hasty action. If it was intended that they should assume the entire nursing responsibility for the male patients in a large charity hospital, they can hardly be censured for rebellion. It is a well-known fact that many medical men are notoriously careless about exposure of patients, and about the requirements they make of nurses in such matters. In this case it looks as if the committee on medical matters had had too much authority over such matters, and the medical superintendent too little. If the tempest results in an overhauling of the rules and regulations it will have accomplished some good.

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Floating Hospital of St. John's Guild.

The "floating hospital" seems to be an American creation, and would there were more of them to carry on their beneficent work of life saving and education for every large city located near a large sheet of water.

The Floating Hospital of St. John's Guild, New York, is about to begin its forty-fourth season. Its cost last year for the season beginning July 6 and ending September 9, including the work of the Seaside Hospital, which also was operated as a summer hospital, was \$81,781.75. The number of women and children admitted and treated was 2,696. Of these 2,519 were improved or cured. There were 51 deaths.

The Seaside Hospital at New Dorp, Staten Island, is to be improved, and plans for a large and permanent building are already drawn. The cost of this building is estimated at \$225,000, and it is expected to make of it a children's hospital equal to any in the country and open all the year. In the Floating Hos-

pital all classes of diseases except those designated as "contagious" are admitted.

As in other similar organizations, the emphasis is placed on education of the mothers with a view to prevention. Besides the general and statistical information, the annual volume contains an instructive and most interesting address on "Infant Mortality" by Dr. Abraham Jacobi, president of the Medical Board of the Seaside Hospital.

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Hospital of the Good Shepherd.

At the Hospital of the Good Shepherd, Syracuse, N. Y., 2,579 patients were treated during the year, at an average cost per day per patient of \$1.84. A pathological laboratory has been established, which has been of great value, especially in the surgical division. In the training school, by increasing the number of pupil nurses it has been possible to do the greater part of the special nursing of patients by the nurses in training, thus affording greater opportunity for special study of cases by the pupils, improving the training and increasing the revenue for the maintenance of the school.

The Training School for Nurses receives nurses for special training for short periods from Willard State Hospital, Thanksgiving Hospital, Cooperstown, N. Y.; Little Falls Hospital, N. Y.; Geneva City Hospital, N. Y.; Broad Street Hospital, Oneida, N. Y., and Rome Hospital, N. Y. Miss Ida M. Marker is succeeded by Miss Edith W. Seymour in charge of the training school. During the year there were 201 informal applications to enter the school and 65 formal applications of the latter. There were 30 accepted, and at the end of the year the school had a waiting list of 8. The report volume is one of the most concise and complete which has come to the reviewer's desk for some time.

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A Hospital Experiment.

The Chicago Post describes a very interesting development in hospital economy at the Evanston Hospital, Chicago. The superintendent decided that "broilers" at 97 cents each were too expensive for hospital fare, and originated the plan of combating high prices by starting in the chicken raising business. To that end an incubator was secured and early

in April the first hatch of the season began to arrive—sixteen hours before schedule time. A fair proportion of the expected 144 chicks are already well on the way toward the broths, stews and other chicken delicacies which a well-ordered hospital delights in supplying to its patients.

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Changes at Wesley Hospital.

Wesley Hospital, Chicago, is undergoing changes which place it in the very front ranks of the hospitals of the country.

A large addition has been erected, containing new offices, dining rooms, etc., and fifty-four private rooms and suites. The suites contain a private bath, with both shower and tubbing facilities. The floors are art marble throughout and the wood work is mahogany. A private telephone and an electric fan is part of the equipment of each room. The beds are brass and especially designed for Wesley Hospital. The Hydrotherapy rooms are equipped with facilities for giving electric sweat baths, Nauheim baths, shower and needle baths and massage. A large solarium has been constructed on the roof of the hospital. This sun parlor contains provision for both sexes and has an out-door compartment, equipped with a couch swing, rocking chairs, lounges, etc.; also a pergola roof, under which patients may get shade and air. The solarium makes a splendid lounging place for convalescent patients, commanding, as it does, a beautiful view of Lake Michigan.

The operating department is being remodeled. It will contain four operating rooms, two anaesthetizing rooms, a surgeon's preparation room, a waiting room for the friends of the patients, a dressing room, sterilizing room and dressings store room. These rooms are all on the sixth floor and will be furnished with the most improved operating-room furniture.

The obstetrical department contains a preparation room for the doctor, a preparation room for the patient, sterilizing room, two confinement rooms and a nursery. Also wards and private rooms.

The children's department contains rooms for the segregation of children over ten years of age, a room for sick babies, a detention room and an isolation room.

These changes have involved an expense

of over \$150,000. An "opening" was held Saturday, May 7, which was attended by about two thousand of Chicago's leading citizens.

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Notes and News.

Sloane Maternity Hospital, New York, is to be enlarged by the addition of an eight-story annex. The first floor will contain the offices of the superintendent, the gynecologists and the laboratories. There will be a two-story operating theatre, and a roof pavilion will crown the building, which is expected to cost \$120,000.

The new maternity ward in connection with Heaton Hospital, Montpelier, Vt., has been completed. The addition also provides accommodations for the nursing staff.

The St. James Hospital and Sanitarium Association has been organized at St. James, Minnesota. The Park Hotel property has been bought and fitted up for hospital uses. Dr. C. C. Mauger is in charge.

A new home is to be built for the nurses of Harriot Hospital, Erie, Pa.

The Methodist Deaconess' Hospital Association at Peoria is to have a new \$50,000 building.

The city of St. Louis is to have a hospital department organized entirely separate from the Health Department. It is hoped in making this change to terminate political control of hospitals and attract to the institution a higher class of physicians than it has been possible to secure under former conditions.

Mrs. Wallace Martin has been appointed to succeed Mrs. Anna Farnham at the hospital for soldiers at Grand Haven, Mich.

A new hospital to be known as St Mary's General Hospital is to be built on the north side of Pittsburg.

Anniston, Alabama, through the generosity of the late L. H. Kaplan, is to have a free public hospital.

The King's Daughters, of Middlesboro, Kentucky, have purchased the Elks Home and will start a hospital.

The Chicago Hospital Day Association has been incorporated. The object is to promote systematic charitable giving for the support of hospitals in Cook County working under church auspices. Methodists, Baptists, Roman Catholics and Presbyterians have thus far taken out memberships. Seventy-five women from each church constitute the active members. An advisory board of business men is provided for. The working plans are similar to those of the New York Hospital Saturday and Sunday, and the receipts are divided in proportion to the free work done.

Mr. George W. Watts, the millionaire philanthropist, of Durham, N. C., will erect a \$50,000 annex to the Watts Hospital, which he recently presented to the city. A nurses' home is also to be built, which will bring his gifts up to the half million mark. The hospital is said to be the finest in the South.

The new \$75,000 addition to Bethesda Hospital, St. Paul, Minn., is ready for occupancy. It will increase the capacity of the institution to 125.

Mr. George Eastman, of Rochester, N. Y., will erect a \$54,000 home for nurses in connection with the Homeopathic Hospital of that city. It will provide for 75 nurses.

During the past year 528 patients were treated at the Margaret Pillsbury Hospital, N. H. Miss Hall is the efficient superintendent of both hospital and school.

The new home for nurses in connection with the Toronto Hospital for Incurables was opened recently with appropriate functions. Their Excellencies, Earl and Countess Grey, were present, and the Governor-General congratulated the management and the city on the growth and expansion of the institution. The present capacity of the hospital is 140 and a new wing providing for ninety additional beds is nearing completion.

In the Training School

CONDUCTED BY CHARLOTTE A. AIKENS.

How to Teach Materia Medica

MINNIE GOODNOW.

Superintendent Bronson Hospital, Kalamazoo, Mich.

Materia Medica is undoubtedly the most difficult subject in the nurse's curriculum. It consists of a mass of unconnected details, a collection of unrelated facts, hard to learn and still harder to retain. The average nurse learns little of the subject except what she acquires in her experience of giving drugs to patients. Few doctors take the trouble to tell a nurse why they are giving a certain medicine, and some even omit to tell her *what* they are giving. She does not know what to look for, therefore never sees it, and the effects of drugs remain an unknown quantity. She may know, for example, that one-one hundredth of digitalin was ordered, that she gave it, and that the patient's pulse was somewhat better afterward. Very crude and elementary knowledge this.

Faulty methods in teaching are responsible for this state of things. Incompetent teachers make our nurses stupid in matters about which they should be keen, and bored by a study which should be a fascinating one.

First, as to the teacher. Usually it should be the superintendent of nurses. Doctors, of course, know far more materia medica than she does, but that is no proof that they can teach it. As a matter of fact, if one is to judge by results, they teach it very badly. If an interne or young practitioner can be found to whom the needs may be explained, who will take pains to help his pupils to learn and who will not think it beneath his dignity to use simple methods, you may have it taught by a doctor; not otherwise. Most doctors' classes in this subject are more or less failures and rather disheartening.

Above all, remember that Materia Medica *cannot* be taught by lectures. The old-

fashioned study-and-recitation method is the only one which will bring success.

The subject is commonly begun too late in the course and too little time is spent upon it. If young nurses are to handle drugs at all—and they must handle them if they give enemata, douches, help with dressings, etc.—they must know considerable about them or some one's life is in danger. There are few hospitals in which nurses with six months training do not give medicines regularly. Many an "accident" which has happened to a patient was due to a nurse's ignorance of the nature and effects of drugs. As a nurse cannot dust a room properly without a knowledge of the principles of bacteriology, so neither can she give a "one-two-three" enema intelligently without a knowledge of drugs. Begin the study, therefore, in the first year, and keep it up throughout the second.

Go slowly at first. Insist upon a proper foundation. Have the courage to leave apparently important parts until the second year. Do not assume *any* knowledge on the part of your nurses. (Question a class of seniors and you may find half of them hesitating when asked the number of drams in an ounce.) Begin with the weights and measures, apothecaries' and metric, and be sure that they are well in mind. Next give four or five lessons on definitions of technical terms. Drill them in. You will find it time well spent. Omit this, and your senior nurses go out from the hospital with hazy ideas of simple things, to their own and your confusion.

Then, I beseech you, teach a few of the principles of chemistry. All books and all doctors nearly take this knowledge for granted,

when only about one nurse in eight or ten really possesses it. You may know but little of chemistry yourself. Teach that little. Unless a nurse has learned what a chemical compound is and how chemical changes take place, she will never even grasp the meaning of the terms employed, much less the nature of the substances which they describe. The hospital druggist or a practical chemist can, with the aid of a few simple experiments, elucidate this matter in three or four lessons. The nurses will, at the same time, get some help with their physiology, dietetics, and other studies.

(Here we have had nearly ten lessons and have hardly begun our subject! None the less, it pays, as future classes will show.)

For the first classes in the actual study of drugs, stick to the pedagogical principle of working from the known to the unknown. It is rank folly to begin with even such common drugs as the mercurials, opium, strychnia, aconite, belladonna, etc. Select, or, better still, let the class select, drugs of which they already know something—more than the name. Before they ever came to the hospital they were more or less familiar with castor oil, turpentine, flaxseed, camphor, mustard, glycerine, and some of the soda compounds. They do not know all about them, however, so teach these simple things first. By the time they are finished the class will be ready for carbolic, boric, rhubarb, cascara, etc., and the more difficult ones named at the beginning of the paragraph. Forty or fifty drugs are a goodly amount of work for the first year. Let thoroughness, not speed, be your watchword. Far better that your nurses *know* fifty drugs than that they have an indefinite notion of a hundred.

If the first year's work is done by the superintendent of nurses, the second year can very well be handled by a doctor, and the class pushed rapidly through almost everything which is "in the book," certainly through everything which they need to know.

Do not omit, and do not let your doctors omit, object teaching. It is far more effective than any book recitation can possibly be. Obtain from one of the large firms of manufacturing druggists samples of the crude drugs. (Parke, Davis & Co. supplied me with beautiful and liberal specimens of roots, bark, leaves, etc., at an amazingly low

price.) You will be astonished at the sudden interest your nurses take when you show them something tangible. If they have once seen and handled hyoscyamus leaves, crude opium, or nux vomica buttons, they will never forget them.

Besides the crude forms, take pains to get a sample of every common preparation of each drug studied. Get your druggist to put you up a two-dram vial of the kinds which are not in the hospital supply. Insist upon each nurse observing the appearance, odor, and in most instances the taste, of each preparation. Crystalline substances should be shown in their crystalline form; it seems but fair that your nurses should know what carbolic and boric acids are like, and not imagine—as many of them do—that the one is a colorless liquid and the other a white powder. (Apropos of powders, show them the different shades of white, and let them see that quinine, soda salicylate, bismuth subnitrate and cerium oxalate are not the same color.) Call their attention to the weight of substances, both solid and liquid. Show them that one substance packs and another flies about. Let them see that liquids do not pour alike. Tell them these things, and they forget them before they leave the room; show them, and they remember them for years.

About twice a year have a lesson in identification. Give the class small, unlabelled specimens of the preparations which they have studied, and see how many they can name. Lessons of this sort do good work in fixing the characteristics of each drug in mind, thereby preventing mistakes in the giving of medicines.

"But," some one objects, "all this takes time and money, more than we have." Pardon me, but it doesn't. Spend one-half hour in writing a list of drugs which you wish in the crude state, and fifteen minutes in getting off the letter which shall bring them. When they arrive, let the nurses unpack them, and they will have them half-learned in the process. Spend another half-hour on a list for your own druggist. Five dollars will more than cover the cost of the above. Five minutes time before each class will be enough to get out the material for the lesson and to note its characteristics.

In class, you must take time, to be sure. But far better spend time in showing your nurses something which will stick in their memories, than in trying to drill dull facts into brains which find them hard to comprehend just because they *are* dull and uninteresting.

Keep a text-book of *Materia Medica* fastened to each medicine case and encourage the nurses to use it. Its very presence will be a suggestion, and the habit of looking up

the drugs which are being given will be readily acquired.

May I not plead for a trial of new methods? The subject is badly taught in most hospitals and it is the method of teaching, not the subject itself, which is responsible. The ignorance in this branch displayed by our nurses is both pitiful and dangerous. A little more care and attention given to this much-hated and much-neglected subject will bring results out of all proportion to the time and labor involved.

Ohio.

The graduating exercises of the Canfield-White Hospital Training School for Nurses, Cleveland, took place at the Euclid Avenue Presbyterian Church, East One Hundred and Seventh street. Rev. P. B. Stroup made the opening prayer. Miss Florence N. Mailleue introduced the speaker, Dr. James C. Wood, who addressed the nurses on "The Co-operation of the Trained Nurse in Surgical Work and the Great Benefits That Accrue Therefrom."

Solos were given on the harp by Miss Caffarelli, and piano by Miss Senta Rosenthal, and Mr. E. Jackson, who is possessed of a fine baritone voice, sang two selections.

Dr. Mary H. White conferred the diplomas in a few well chosen words. Dr. Martha A. Canfield presented each nurse with a hospital medal and memory motto.

Little Miss Mary Wirsching distributed flowers and favors very prettily. The graduates were Hercey M. Alden, Louise B. Hensinger and Olive B. Woodman. After the commencement a banquet was held at the hospital, many friends of the institution being present.

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Illinois.

The graduating exercises of the Chicago Baptist Hospital Training School for Nurses were held June 7th, at 8:30 P. M., in the Memorial Church of Christ. Diplomas were presented to Frances M. Steinhoff, A. Louise

Mower, Mary Warren Althoff, Buelah F. Gribble, Cholro O. Gribble, Edith K. Longhurst, Mollie B. Smith, Clara M. Johnson, Alice J. Potter, Pearl E. Monroe, Alma Nelson Spalsbury, G. Eleanor Felland, Cholra O. Harrison.

The Wesley Hospital Training School for Nurses (affiliated with Northwestern University), of Evanston, held graduating exercises on the morning of June 8th, at the Northwestern University Gymnasium. Diplomas were awarded to Ethel E. Ennis, Elizabeth Wolfe, Matilda Louise Zilch, Ada Bell McCleery, Nellie Louise Wilder, Mabel Clara Barton, Elizabeth V. Condell, Gretchen Deach, Manetta Rebecca Bell, Frances Regina Wilson, Ethel Rozella Rest, Olivia Anna Theresa Peterson, Virginia Blanche Killingsworth, I. Anna Carpenter Hall, Edna Allison Ferguson, Laura Elizabeth Crawford, Blanche Alice Meyers, Vera Howard Murry, Helena Van Winkle, Edna May Brand, Ella Augusta Baker and Irma Estel Neff.

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Personal.

Miss Alma C. Carlstrom, of Chicago, sailed for Europe the 26th of May. She intends to spend a most delightful vacation with relatives and friends. Miss Carlstrom, who is a graduate of the Washington Park Hospital Training School, Chicago, class of '09, will return to Chicago in the Fall, where she will take up private nursing.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

The National Societies.

The Sixteenth Annual Convention of the American Society of Superintendents of Training Schools for Nurses was held in New York City May 16th, 17th, at the Academy of Medicine, 17 West Forty-third street.

The meeting was called to order May 16th, at 10:15 A. M., by the president, M. Adelaide Nutting. Rev. Henry Lubeck, LL.D, D.C.L., rector of Zion and St. Timothy's Church, invoked the divine blessing on the assembly.

Address of welcome by President Finley, of the College of the City of New York. President Finley traced the progress and development of the nurse from her first appearance in mythology to the present day. His remarks were laudatory and appreciative of the value of the profession in the broader interpretation of its purport.

"The nurse to-day is a warrior with foes invisible and insidious, a modern Joan of Arc." In the epoch now beginning the psychological aspect of nursing is prominent. "Psychical bacilli" as well as physical must be overcome. The nurse must come "close to the souls as well as the bodies of men," and for this President Finley recommends the highest possible intellectual training, the inculcation of a spirit of readiness and self-abnegation; such discipline as fits men for war.

Response by Georgia M. Nevins. Miss Nevins thanked President Finley for his cordial welcome and his understanding and appreciation of the profession, saying that the provinces get the inspiration of the year from this visit to New York. She closed with a reference to the great loss to all nurses in the death of Isabel Hampton Robb, paying in a few well chosen words such tribute to Mrs. Robb as only such a great loss could inspire.

Address of President M. Adelaide Nutting. Miss Nutting spoke first of Mrs. Robb, of the great personal loss placed even before her

great work. She was first a great woman, and then a great nurse.

She then spoke of the death of Miss Isla Stewart and the association's sympathy with England.

The Superintendents' Society now has 350 members. In Miss Nutting's opinion the training schools are the pivots on which nursing must turn and advance. Their heads must be women of power and ability. Undereducation is the cause of our deficiencies. High standards must be upheld. There is ground for encouragement. We grow and change and must be ever ready for the new.

Isabel McIsaacs spoke of Mrs. Robb from the standpoint of her pupil associate and personal friend. A committee consisting of Miss McIsaacs, Miss Dock and Miss Nevins was appointed to prepare resolutions to express the convention's sorrow and loss in Mrs. Robb's tragic death.

Mrs. Helen Hartley Jenkins, who recently gave so generously to the work of the Hospital Economics course at Columbia, was introduced.

Report of the council by the secretary, M. Helena McMillan, read and accepted. Resignation of Miss Linda Richards read. Voted not to accept this resignation and to extend to her honorary membership for life. The secretary was instructed to telegraph her of this action.

Voted to send a cablegram of greeting to Florence Nightingale. The chair appointed for this a committee consisting of Misses Goodrich, Maxwell, Hay and Delano.

Voted to send a telegram of greeting to Miss Drown. Appointed for this Misses Riddle, Delano and Stowe.

Treasurer's Report, Anna L. Alline, read and accepted.

Standing Committees.

Hospital Economics Course, Annie W. Goodrich. The course at Columbia is now known as "The Department of Nursing and

Health," and its divisions are: Teaching, General Supervision Public Service, and Preparation for Training School Course. Report accepted.

The Committee recommends that a chair to be known as the Isabel Hampton Robb chair be established as a memorial to Mrs. Robb. A preliminary committee, chairman, Isabel McIsaacs, was appointed to consider this recommendation and to appoint a committee as a Robb Memorial Committee.

Committee on Red Cross work discontinued. Voted to create a new committee to be appointed by the council as an Advisory Committee to the National Red Cross Nursing Organization.

Announced that the committee appointed to confer with the Civic Federation of Women's Clubs was discontinued.

Discussion on the necessity for State and local societies of training school superintendents.

Miss Nutting, Miss Alline, Miss Noyes and others.

The trend of the discussion was that local societies are needed; are helpful where they have been established; are hard to establish.

Voted; That a Committee on Revision of the By-laws be appointed by the council.

Adjourned.

Afternoon Session.

Call to order 2:25 P. M.

Report of Committee on Education, Helen Scott Hay, chairman.

Miss Hay said that her committee had been made up of women who were specialists in various branches of training and that each would present her specialty. Miss Ayres, of the Manhattan Eye and Ear Hospital, of New York City; Miss Russell, of Sloane Maternity Hospital, New York, and Sister Amy, of the Children's Hospital, Boston, gave accounts of the need for special training, the time required and the methods employed and desired in each of these branches.

Affiliation of the general with the special hospital the best method where practicable. A graduate of a special hospital in charge of a special ward in the general hospital as second choice.

Three to six months undivided time for each specialty with definite course of study and instruction therefor.

The discussion brought up the subject of

electives, but while many thought it well to choose specially fitted nurses for this special training, the making of an elective course was not favorably received on the ground that it might interfere with the hospitals' need.

Paper: "The Problem of the Child in the Hospital," Amy McMahon, of the Johns Hopkins Hospital, Baltimore, Md.

Ross Robertson, of Toronto, introduced by Miss Nutting, spoke appreciatively of nurses and told of the very considerable work he has been able to do, and hopes to do, to improve living conditions in nurses' homes.

Henry G. Parsons was introduced and told of the work done in establishing children's gardens in New York City.

Adjournment.

Tuesday, May 17th.

Report of Council.

Report of Auditors.

Report of Progress in Army and Red Cross Nursing, Jane A. Delano.

Report on Developments in Navy Nursing, Esther V. Hasson.

Continuation of Report of Committee on Education.

Nursing of Nervous and Insane.

Sara T. Parsons, Massachusetts General Hospital. Miss Parsons recommends six or nine months for this specialty. Discussion to the effect that it should not be part of general curriculum, but preferably post-graduate work. Knowledge of psychology essential.

Report of Special Committee on Post-Graduate Work, Annie Goodrich, chairman.

Miss Goodrich advocated post-graduate work for specialization. It should not be developed as a means of supplying the deficiencies of training school courses.

Miss Dock obtained the floor and recommended the assembly to take some definite action to secure fair treatment of training school superintendents by hospital authorities, citing two instances wherein such action would be pertinent. Miss Nutting explained that in the one case the council, which represented the society, was making careful inquiry. In the other case she expressed regret that a matter of a personal nature should have been thus put before the meeting. The superintendent whose course of action had been related by Miss Dock obtained the floor and spoke tersely in defense of her position.

Tuesday, 2:15 P. M.

Paper: "Student Government in Colleges." Julia Stimson, Harlem Hospital.

Paper: "How Far the Principles of Student Government May Be Applied to Training Schools." Luella Goold, Memorial Hospital, Tacoma, Wash.

Discussion. Misses McEchnie, Greenwood, Hay, Carr, Maxwell and Sister Amy.

Paper: "The Preparation of the Teacher for the Training School." Lydia Anderson, Mount Sinai Training School.

Paper: "Ward Supervision." Georgina J. J. Sanders, Polyclinic Hospital, Philadelphia.

Voted, that the Council appoint a committee to consider the application of student government to the training school.

Voted, that the Council appoint a committee to study the relative merits of graduate and student head nurses.

Address: "Relation and Proportion of Theory to Practice in Vocational Training." Dr. F. M. McMurray, Professor of Elementary Education, Teachers' College, Columbia University.

The "Relation and Proportion of Theory," as expounded by Dr. McMurray, while keenly interesting from the purely pedagogic standpoint, was impractical and impracticable from the nursing training school point of view, as was evidenced by his suggestion of the division of time spent in theory and practice, "half and half."

New officers introduced.

The next meeting to be held in Boston.

Adjournment.

A joint meeting of the American Society of Superintendents of Training Schools for Nurses and the Nurses' Associated Alumnae of the United States was held at Teachers' College, Columbia University, in the Horace Mann Auditorium, on Wednesday, May 18th, at 2 P. M. The subject of this session was the occupation of invalids, and a large and interesting collection of work done and methods of working was on exhibition in one of the college rooms.

The formal programme was:

Address of welcome, James E. Russell, LL.D., Dean of Teachers' College.

Dean Russell spoke of Mrs. Robb, of his personal knowledge of her ability and her

never flagging zeal in putting her profession on a higher educational basis.

Paper: "The Training of the Nurse as Instructor in Invalid Occupations." Miss Susan E. Tracy, Jamaica Plains, Mass.

Paper: "Successes and Failures in the Use of Occupation as a Therapeutic Agent." Dr. Mary Lauson Neff, Long Island State Hospital.

Paper: "Manual Work as a Remedy." Dr. J. Herbert Hall, Marblehead, Mass.

Dean Russell, at this point recognized Dr. Livingstone Ferraut in the audience and asked him to speak. Dr. Ferraut spoke most instructively about his experience with occupation and non-occupation in tuberculosis cases.

"Not on the programme, but the best thing we have had," was overheard in the audience.

Paper: "What Art May Contribute to Instruction in This Field." Professor Arthur Wesley Dow, Teachers' College, Columbia University.

The Nurses' Associated Alumnae of the United States held its thirteenth Annual Convention at Mendelssohn Hall, 113 West Fortieth street, New York City, on May 18 to 21, 1910.

The morning session of Wednesday, May 18, was devoted entirely to registration of delegates, members and visitors; the payment of dues; issuing of tickets for the Nightingale commemorative celebration and for the harbor trip for Saturday. The afternoon session, a report of which is given above, was held jointly with the Superintendent's Society, at Teachers' College.

The session of Thursday morning opened at 10:10. Jane A. Delano, president, in the chair.

The divine blessing was invoked by Rev. Henry Sloane Coffin, D.D.

Address of welcome, Dr. S. S. Goldwater.

Response to address of welcome by Isabel McIsaacs.

Roll call of affiliated societies.

Announcement made by Miss Delano of the absence from the convention of three women, usually so prominent: Miss Palmer, now convalescing, after a serious operation; Miss

Damer, suffering with serious eye trouble, the result of an accident, and Mrs. Robb, whose tragic death occurred so recently.

Tributes to Mrs. Robb followed. Among those who spoke were Miss Hay, Miss McIsaacs, Miss MacMillan and Miss Nutting, who spoke on Mrs. Robb's influence and share in the work at Columbia, and in general her work along educational lines.

Announcement made of the death of Miss Upjohn, who died at sea, May 10. A tribute to her by Miss Edna R. Foley, read by the secretary.

Report of the secretary, Agnes G. Deans, read and accepted.

Report of Treasurer Anna S. Davids, read and accepted.

Reports of standing committees, eligibility, nominating and programme, accepted.

Address of President Jane A. Delano.

Miss Delano laid emphasis on two epochs of nursing. The first, the epoch of Florence Nightingale and the establishment of the training school; the development from the need as evidenced in relief work at Solferino. The second, the epoch on the threshold of which seventy-five thousand nurses now stand: the epoch of preventive work.

That nurses and nursing are challenged constantly is a hopeful sign, an incentive to progress and improvement.

The great work of this epoch is to be along social lines; "the nurse is privileged to pass the gulf between high and degraded without contamination" and thus to help this class is particularly her field.

The word for the future is "cultivate the general good for all."

Demonstration of a Registry System. Dr. Marion A. Meade, Minnesota.

Dr. Meade explained, from a model, an extremely simple, practical and effective registry system. Her remarks were full of humor and her personality so pleasing that, no doubt, to it is partially due the success of her registry. Questioned as to what was her office force, she replied, "Myself and a collie dog,"

Announced: Committee on resolutions—Miss Hartridge, Miss Giles, and Miss Fagan. Inspectors of election—Miss Golding, Miss Kelly, and Miss Mack.

Voted: That the chair appoint a preliminary committee, this committee to appoint a committee to confer with the committee appointed

in like manner by the Superintendent's Society to decide on a fitting memorial for Mrs. Robb. The chair reserved the appointment.

Announced: That invitations had been received to hold the next annual meeting in Boston, in St. Louis, and in Chicago.

Miss Delano spoke of the very considerable work and inadequate pay therefor of the secretary, and made the recommendation that the society consider the appointment of a field secretary whose duties should be the furthering of Associated Alumnae interests, Red Cross work and the American Journal of Nursing, and that she be maintained by these three organizations, jointly.

Voted: That messages of greeting and good wishes of the association be sent by the secretary to Miss Drown, Miss Richards, Miss Damer and Miss Palmer.

Afternoon Session, 2:15 P. M.

Symposium on Private Duty Nursing. Katherine De Witt, presiding.

Paper, "Some Aspects of Private Duty Nursing." Ruth Brewster Sherman, Baltimore.

Miss Sherman's paper was read by Miss De Witt.

Paper, "Special Duty Nurse in Institutions." Caroline C. Foote, Chicago.

Miss Foote's paper was read by Miss Jones.

Paper, "Private Duty in Rural Homes." Margaret Peppoon, San Diego, Cal.

Discussions on these papers by Miss Durkee, Mrs. Morrisson and others.

MISSIONARY NURSING.

Address, "Opportunity for Nurses in China." Sarah C. Tomlinson, a missionary nurse.

Address, "The Awakening World." Rev. Samuel Zwemer, D.D.

By special request Mr. Henry Parsons repeated for the Alumnae his descriptions of Children's Gardens, given before the Superintendents' Society. His address was heard with much interest, and many accepted his invitations to visit the "gardens" about the city.

Announced: The preliminary committee on the Robb memorial to consist of Anna L. Alline, Genevieve Cooke and Clara D. Noyes. *Friday Morning Session, Opened 9:40 A. M.*

Report of Interstate Secretary, Miss Agnes G. Deans, read and accepted.

Miss McIsaacs announced that the Ameri-

can Journal of Nursing would be responsible for the payment of \$300 annually, as its share of the expense of a field secretary, should such office be created, according to Miss Delano's plan.

Reports of special committees.

District Nursing. Mary E. Lent, Baltimore, read by Mrs. Sly.

Public Health. Mrs. Colvin, read by Miss Dock.

Tubercular Nursing. Edna R. Foley, Chicago, read by Mrs. Tice.

Insane Nursing. Sara Parsons, Boston.

Pension Fund. M. E. P. Davis, Washington.

This committee had been continued for three years; had made thorough and exhaustive investigations of pension and insurance systems, but had found them inapplicable to this organization. The committee had nothing to recommend for a pension or relief fund instituted and carried on by a nurses' organization for its members.

Considerable discussion was evoked by this report, and the suggestion that more desirable than a pension system was the inculcation of habits of thrift in the individual met with a response, the meaning of which was easily reducible to the principles of socialism.

The committee was dismissed with a vote of thanks to Miss Davis for her painstaking investigation.

Almshouse Nursing. L. L. Dock, with supplementary reports by Mrs. Tice.

No formal action was taken on these reports.

Report of International Council of 1909. Lavinia L. Dock.

The Council of 1912 will be on social and preventive aspects of nursing.

Report on the progress of Red Cross Work. Jane A. Delano.

Announced: That the Robb Memorial Committee to confer with the committee appointed by the Superintendents' Society is composed of Miss Delano, Miss Riddle, Miss Dock, Miss McIsaacs and Miss Palmer.

Report of Committee on Reorganization. Genevieve Cooke, California.

Name: General discussion; no definite action. Federation of Nurses' Societies of the United States favorably commented upon.

Meetings: Voted to instruct the reorgani-

zation committee to recommend meeting once in two years.

Organization: Voted that the committee recommend an organization of individuals paying dues.

Dues: That the committee recommend that individual or permanent members pay dues of \$1.00 yearly. An attempt to amend this motion to make dues include subscription to the American Journal of Nursing was lost.

A motion to reconsider the original question was lost.

Officers: Voted that this committee recommend a council composed of presidents of affiliated State societies to act with the board of directors.

Nominations: Voted that the committee recommend that any name shall have ten indorsements before being considered by the nominating committee.

Voted that this committee recommend that State associations remain affiliated as at present, with one vote.

The question of the unit of membership was referred back to the committee for further consideration.

Friday, P. M.

Called to order 2 p. m.

Paper: "Nursing Care of the Insane," Dr. William Mabon, New York.

Paper: "Ethics," Helen Scott Hay, Chicago.

Miss Dock reported that the joint deliberations of the Robb memorial committees of the two societies resulted in the following:

The committee recommends that a fund of \$50,000 be established, to be known as the Isabel Hampton Robb Fund, this fund to be maintained for scholarships for special training in educational institutions of nursing.

Voted that the recommendation of this committee be adopted and arrangements made for carrying out the plan.

Pledges approximating \$2,000 in amount were at once made with great enthusiasm.

Voted that the executive committee be empowered to increase the salary of the secretary, according to the recommendation of the president, Miss Delano.

Voted to elect from this association a field secretary, to be maintained by the Red Cross Society, the American Journal and the Associated Alumnae conjointly, and whose work

shall be the furtherance of the interests of each organization. On the nomination of Anna S. Davids, Isabel McIsaacs was unanimously elected to this new office.

Election returns, announced by Miss Golding:

270 votes cast, 3 of which were illegal.

For president, Jane A. Delano, 267 votes. First vice-president, Helen Scott Hay, 170 votes; Mrs. A. R. Colvin, 97 votes. Second vice-president, M. E. Fisher, 166 votes; Eva A. Mack, 101 votes. Secretary, Agnes G. Deans, 267 votes. Treasurer, Mrs. C. V. Twiss, 142 votes; Anna G. Davids, 125 votes. Directors for three years, Isabel McIsaacs and Anna Maxwell.

After the introduction of new officers, Miss Delano spoke most pleasingly as she said "the outgoing and incoming president." She spoke for the unanimity of spirit and purpose necessary for the furtherance of the association's welfare, and for the welfare of the profession. Her message for the delegates going back to their home societies was "work together."

A rising vote of thanks was given Miss Davids for her long and efficient service as treasurer.

Appointment of nominating committee by the chair: Miss Loomis, Miss Gillette. From the floor: Miss Davids, Miss Milne and Mrs. Nichols.

Report of committee on resolutions read and accepted.

Discussion on the place of next meeting. A motion to hold the next meeting in "the Middle West" was lost.

Mrs. Tice withdrew the invitation issued by Chicago in favor of the invitation issued by Boston.

Voted that the invitation to hold the Convention of 1911 in Boston be accepted.

Voted that thanks be sent to St. Louis for its cordial invitation to meet there.

Adjournment.

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New York.

The graduating exercises of the Metropolitan Training School, Blackwell's Island, New York City, were held on May 21st.

Among the speakers was Miss Jane A. Delano, Superintendent of the Army Nurse Corps, Surgeon General's Office, Washington, D. C., who urged the nurses to take advantage

of every opportunity to prepare themselves as teachers, as this seemed to be the field of greatest opportunity and usefulness. In private duty there was much opportunity where advice was wisely given, especially in contagious diseases; there was a wide field in school or district work and the increasing number of positions always open in institutions.

Four prizes awarded the graduating class were won as follows:

The Egbert Guernsey Prize, \$50, Jessie Paton Allan.

The Cosmo D. O'Neil Prize, \$50, Elvira Sutland Treacy.

The prizes for best bedside record and temperature chart, a hypodermic, Jessie Paton Allan; a thermometer, Caroline Louise Goetchius.

Two prizes awarded the intermediate class were won by Caroline Wilde, \$25; Maud Ezma Charlton, medicine spoon.

Each member of the class was presented with a beautiful bouquet of roses by Hon. Michael J. Drummond, Commissioner. A modified version of the hippocratic oath was administered by Mrs. William Kinnicutt Draper, President of the Advisory Board, after which the diplomas were presented.

The following is the form of oath as administered:

"You do solemnly swear, each one by whatever she holds most sacred:

"That you will be loyal to the physicians under whom you serve, as a good soldier is loyal to his officers.

"That you will be just and generous to all worthy members of your profession, aiding them when it shall be in your power so to do.

"That you will lead your lives and practice your profession in uprightness and honor.

"That into whatsoever house you shall enter, it shall be for the good of the sick to the utmost of your power, and that you will hold yourselves aloof from all temptation.

"That whatsoever you shall see or hear of the lives of men and women, whether they be your patients or members of the households, you will keep inviolably secret, whether you are in their households or among your own friends.

"If you accept these obligations let each one bow the head in sign of acquiescence.



GRADUATING CLASS, METROPOLITAN HOSPITAL, BLACKWELLS ISLAND, NEW YORK CITY.

"If you shall be true to your word may prosperity and good repute be ever yours; the opposite if you shall prove yourselves forsworn."

FLORENCE NIGHTINGALE CELEBRATION.

Exercises in commemoration of the fiftieth anniversary of the founding by Florence Nightingale of the first training school for nurses were held at Carnegie Hall Wednesday evening, May 18th, at 8:30 o'clock, in which the following prominent speakers took part: Invocation, Rt. Rev. David H. Greer, D.D.; Opening Address, Professor Henry Fairfield Osborn, of Columbia University; "The Soldier Nurse," Colonel John Van R. Hoff, Medical Corps, United States Army; "What Florence Nightingale Did for Mankind," the Hon. Joseph H. Choate; "The Influence of the Trained Nurse Upon Developments in Medicine," Dr. William Polk, Dean of Medical School, Cornell University; Benediction, the Rt. Rev. Monsignor Laville, representing the Archbishop of New York. The choirs of St. George's Church and of the Cathedral of St. John the Divine furnished the vocal music, and Mr. Homer Norris was at the organ. The hall was beautifully decorated and the arrangements were carried out with great perfection. There was a very large audience.

RED CROSS NURSING ORGANIZATION.

The New York committee on Red Cross Nursing Service has decided to begin the work of establishing local committees by dividing the different counties among five or six districts, with headquarters at Rochester, Syracuse, Albany, Manhattan and Brooklyn. After these committees are thoroughly established and the number of enrollments warrant it, the number of local committees will be increased. The most noticeable feature of the plan of organization for Red Cross Nursing organization which has been prepared by the National Committee is the recognition given to the nursing organizations. In every case when a committee is to be appointed, whether National, State or local, the candidates for membership on it are nominated by the nursing organization. Also if a nurse wishes to enroll and is a member of any nurses' society, she must be endorsed by her

society in order to be eligible for enrollment. It will take considerable time to get all the committees to work, but it is believed that the system will make the enrollment for Red Cross Nursing Service truly National in every sense of the word.

These local committees will meet monthly and their principal work will be to look after the enrollment and to decide upon the headquarters for enrolled Red Cross nurses in their district. It is also the duty of the local committee "to send the circular of information to the superintendent of training schools, secretaries of alumnae associations and other nursing organizations in their locality, to arrange for Red Cross meetings for nurses and to advance in every way possible the nursing service of the Red Cross."



Massachusetts.

The Spring meeting of the New England Association for the Education of Nurses was held in Huntington Hall, Boston, on May 20 and proved to be unusually interesting. The subject of the evening was: "The Education of Nurses for People in Moderate Circumstances."

Dr. Palmer in his opening address spoke of the general movement for the conservation of the national health and of how much is being done to reduce the death rate from preventable diseases. He spoke of the rich having the trained nurse and the poor the district nurse to care for them, but said a large middle class was left unprovided for. He then, after mentioning some of the solutions proposed for the problem, introduced Miss Frances H. Bescherer, head nurse of the Guild for the Care of the Sick, in Albany, N. Y.

Miss Bescherer, in a paper entitled "A Partial Solution of the Problem for Supplying Nurses for People of Moderate Income," told of the work of the Albany Guild, of its two and one-half years' course for trained attendants or "domestic nurses," with theoretical lectures and practical lessons, and of the case work of pupils under careful supervision by a graduate and their daily reports. At graduation the nurse gets a certificate as a "certified Guild nurse," and she is allowed to make a maximum charge of \$15 a week. The school uses a sliding scale in its

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charges to patients, charging according to their ability to pay, and it has been calculated a pupil brings in \$87.00 beyond her board and lodging.

Dr. Lefavour, of Simons College, who was to have opened the discussion, sent a letter of regret in which he said he did not consider that domestic nurses would interfere with trained nurses.

Dr. Alfred Worcester thought two solutions of the problem were possible. First, partially trained nurses, and second, student nurses. He referred to the White Cross Society of Holland, where first, second, third and fourth class certificates are given, a nurse being allowed to work up from a lower to a higher grade, if capable of doing so. Of the two solutions he recommended the student nurses, provided they were supervised by a graduate nurse. He also thought district nursing associations could co-operate.

Mrs. E. A. Codman, of the Boston Instructive District Nursing Association, suggested a central home, run on a business basis, which should be the headquarters of the District Nursing Association, affiliation to be made, if possible, with such other organizations as the Massachusetts General and Boston City hospitals, whose students could be sent out under supervision.

Miss Grogan, who had recently been traveling through New England, said she had spoken with the superintendents of various hospitals and they generally approved of student nurses as the solution of the problem.

Dr. Hugh Cabot did not approve of educating attendants, as it inflicted poorly trained and ill-bred nurses on the public. He thought the problem could not be solved by student nurses till the larger hospitals realized their responsibility to the community as well as themselves and were convinced they could carry out the scheme without increased expense.

The following officers were elected:

President, Dr. Lewis M. Palmer; vice-presidents, Dr. Richard C. Cabot (Mass.), Miss Ellen F. Paine (Me.), Dr. Henry C. Hall (R. I.), Miss Eva J. Cook (Vt.), Miss Ida F. Shepard (N. H.), Miss R. I. Albaugh (Conn.); secretary, Miss Annette Fiske; treasurer, Dr. Hugh Cabot; Executive Committee, Miss Lucy Ayres, Sister Amy Margaret, Miss Emma A. Anderson, Dr. G.

S. I. Badger, Mrs. H. L. Burrell, Miss Adeliza Betts, Mrs. E. A. Codman, Miss Louise Coleman, Miss Beatrice De Veber, Miss A. N. Flash, Mrs. Harry Houghton, Miss Sarah Hayden, Dr. W. O. Mann, Miss Frances E. Morley, Miss Ella McCobb, Miss Emma M. Nichols, Dr. F. W. Patch, Mrs. William T. Piper, Miss Parsons, Miss Mary A. Riddle, Dr. F. H. Thompson, Miss Susan E. Tracy, Mrs. W. W. Vaughan, Dr. F. A. Washburn, Dr. Grace Wolcott, Dr. Alfred Worcester, Dr. George Tuttle.

Nurses' Examination.

POST-GRADUATE SCHOOL OF THE BOSTON
FLOATING HOSPITAL.

Express your meaning CLEARLY. Reread your answers.

1. What is the object of the addition of cereal diluent, such as barley water, to milk mixtures?
2. What temperature should be provided for a premature infant?
3. What would you do, until the doctor arrived, for a child taken suddenly with convulsions?
4. What is meant by the term "cream"? How is cream obtained at home?
5. What is meant by the term "Lavage" and "Gavage," used in the treatment of gastric diseases? Method of giving the same.
6. Describe the signs of onset of acute febrile disease in childhood.
7. Describe the anterior fontanelle.
8. What are the reasons for giving castor oil in Infectious Diarrhoea? Its dose for the usual two-year-old child?
9. What must be done to whey before it is mixed with cream or milk?
10. What is the difference between the cry of pain and that of hunger?

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Connecticut.

The Alumnae Association of St. Francis Hospital, Hartford, held its semi-annual meeting at the hospital May 12, 1910.

Miss N. A. Ryan, R. N., president, in the chair. Ten new members were elected to membership in the association.

Interesting papers were read: "Kindness," by Miss M. A. Ahern; "Surgical Experiences," by Miss M. G. Murphy; "Semi-Trained Nurse," by Miss S. A. McNabb.

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does, leaving the skin clear with a soft,
velvet texture—the gratifying “dull finish”
of refinement. It is made different—there-
fore it gives different results.

FOR TOILET AND BATH

Miss R. I. Albaugh, R. N., gave a very interesting talk to the Association regarding the necessity of nurses carrying an insurance as a protection for the future.

The graduating class of 1910 were given a reception by the Alumnae Association.

The following nurses have recently received their diplomas: Mary Josephine Barrett, Mary Margaret Moore, Mary Teresa Sullivan, Elizabeth Irene Sparadoski, Mary Elizabeth McEnanny, Loretta B. Donahue, Sarah Cecilia Martin, Helen Amelia Bligh, Alice Francis Nash, Annie Zita Lynn.

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Pennsylvania.

The Fifth Commencement of the Harrisburg Hospital Training School for Nurses was held Thursday evening, May 26, 1910, in the Memorial Hall of the Harrisburg Hospital, Harrisburg, Pa.

Miss Clara M. Swank, the Superintendent, gave a very interesting and encouraging report of the Training School.

The address to the graduating class was delivered by Rev. John Mills Gilbert. The presentation of the diplomas was by Professor William S. Stule, of the Harrisburg High School, and the school badge was presented by Dr. F. W. Coover, M.D., Dean of Staff of Surgeons and Physicians of Harrisburg Hospital.

Updegroove's String Quintette furnished the music for the evening.

Following the exercises Mrs. Henry McCormick gave a reception.

The following are the graduates:

Miss Martha Offman, Miss Fredericka Clausen, Miss Mary Dettling, Miss Anna Grace Robins, Miss Louise Pattison, Miss Clara Orelia Redmond, Miss Emma Eliza Swomley, Miss Susan Catherine Hoofnagle.

The Second Annual Meeting of the Nurses' Alumnae Association of the Harrisburg Hospital was held Thursday, May 26, 1910, at the hospital.

The new officers for the coming year were elected as follows:

President, Miss Almeda Morrison; first vice-president, Miss M. May Stoner; second vice-president, Miss Josie Lewis; secretary, Miss Frankford Lewis; treasurer, Miss Jessie McClure.

The membership of this year's graduating class were elected to membership of the Nurses' Alumnae. The members are as follows:

Miss Martha Elizabeth Offman, Miss Fredericka Clausen, Miss Mary Dettling, Miss Anna Grace Robins, Miss Louise Patterson, Miss Clara Orelia Redmond, Miss Emma Eliza Swomley, Miss Susan Catherine Hoofnagle.

The Alumnae Association of the Philadelphia Lying-in Charity Hospital Nurses' School gave a reception for the graduates and friends of the class of 1910 in the lecture room of the hospital on Friday evening, June 3d, at 8 P. M. The lecture room was beautifully decorated with flowers and the school colors—navy blue and yellow. Those present had a very delightful evening in the reunion of friends and classmates, and many stayed to enjoy dancing and refreshments.

The regular monthly meeting of the Alumnae Association of the Philadelphia Lying-in Charity Hospital was held on Friday evening, June 3d, before the reception to the graduating class of 1910.

Miss M. Wright, president, in the chair. Seventeen members present at the meeting. Minutes of last meeting read and approved. One new member received in the Association. Meeting adjourned to meet the Reception Committee and attend the reception in the lecture room. Next Alumnae meeting first Thursday afternoon in September at 3 o'clock.

The Seventeenth Annual Commencement of the Training School for Nurses of the Jewish Hospital of Philadelphia were held Monday, May 30th, at 3 o'clock P. M. The address to the graduates was by Dr. E. E. Montgomery, and the diplomas were presented by Mr. William B. Hackenburg, president of the hospital. A very interesting feature of the programme was the presentation by Mr. Edward Stern, of the following prizes:

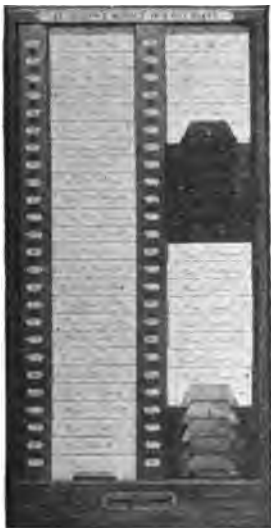
To Miss Mary Jacobs, the Matilda Kaufman Gold Medal, for having made the best general average covering a period of three years, the full term of instruction.

The Joseph L. Greenwald Prize of \$25 in gold to Miss Ida E. Fretz, for the highest

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average in practical nursing for the same term.

The Rosalie Feustmann Prize of a nurse's emergency bag, to Miss Margaret G. Breslin, who showed the greatest efficiency in the management of a ward.

The Sydney L. Feldstein Prize of \$10 in gold to Miss Mabel C. Frost, for the highest general average in obstetrics.

The David Kirschbaum Prize of \$10 in gold for the highest general average, to Miss Fanny Sydnor Hall, of the Intermediate class.

The David Kirschbaum Prize of \$10 in gold to Miss Bluma Bayuk, for the highest general average in the Junior Class.

The graduates are:

Miss Anna F. Axler, Miss Margaret Gabrielle Breslin, Miss Ethel Florence Cornog, Miss Ida Estella Fretz, Miss Mabel Carrie Frost, Miss Nellie Antonina Gealt, Mrs. Linda Hughes, Miss Mary Jacobs, Miss Alma Elizabeth Krieg, Miss Margaret Roeschen, Miss Rae Rubens, Miss Thetosco Arline Smith, Miss Helen Smulyan, Miss Agnes Elise Osborne and Miss Annie Wharton.

The regular meeting of the Alumnae Association of the McKeesport Hospital was held in the ladies' parlor of the Masonic Temple, Wednesday, April 6th, at 3 P. M. Nine members were present. After roll call the minutes of the March meeting were read and approved. Treasurer's statement accepted as read. A committee was appointed to arrange for a new directory for nurses. After the transaction of other business the meeting adjourned to meet June 1st.

The regular meeting of the Alumnae Association of the McKeesport Hospital was held in the ladies' parlor, Masonic Temple, June 1st, at 3 P. M. All reports were read and accepted as read. The meeting adjourned to meet first Wednesday in August.

Miss Flora Keith, graduate of the Class of 1905, was married June 2d to Mr. George Norman. Mr. and Mrs. Norman will live in Elizabeth, Pa., until Fall.

At the end of the Winter term, 1910, the following students received their diplomas at the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., in the Swedish System of Mas-

sage, Medical and Corrective Gymnastics, Electro and Hydro-Therapy:

Susanna Sinclair, Lettie V. Kugler, Elma Armstrong, Mary M. Crotty, Marion C. Wambaugh, Anna Gebhart, Annabelle Shearer and Adrian Uilkens.

In the Swedish System of Massage, Medical and Corrective Gymnastics and Hydro-Therapy, Kathryn H. Montgomery, Philadelphia, Pa.

Among the students taking the Spring course at the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., are the following trained nurses:

Miss Fannie Maria Brooks, Suanemin, Ill.; Miss Sarah H. Hanley, Bridgeport, Conn.; Miss Catherine A. Sproul, Cambridge, Mass.; Miss Ethel Oriel Rea, Saginaw, Mich.; Miss Eva M. Rea, Saginaw, Mich.; Miss Clara B. Beauford, Menominee, Mich.; Miss Margaret J. Foresman, Allenwood, Pa.; Miss Annie Freeman Tidy, Boston, Mass.; Miss Katherine Stevenson, Owen Sound, Ontario; Miss Ruth Bennett, Peoria, Ill.; Miss Hallie Cyrena Cord, Needles, Cal.; Miss Nellie Scott Byram, Cortland, N. Y., and Miss Mabel F. Gray, Winnipeg, Manitoba.

The Nurses' Alumnae Association of the Woman's Hospital held its last Summer meeting at 922 Spruce street, Philadelphia, on June 8, 1910.

The minutes and reports of the corresponding secretary and treasurer were read and accepted. The auditing committee made the semi-annual audit of the treasurer's books and found them correct.

At the May meeting the Association endorsed the replies made by the State Board of Registration to the recent articles in the Philadelphia papers, attacking the Board and registered nurse and expressed this approval by directing that a letter be sent the secretary, Dr. Albert E. Blackburn, to this effect.

On May 25, the commencement of the Nurses' Training School of the Woman's Hospital was held in Clinic Hall. This was tastefully decorated in yellow and gold. A class of ten was graduated. Each one was present to receive her diploma, which was presented by Miss Meta Biddle. Dr. Alice M. Seabrook gave a report of the school and presented four honor prizes to three of the



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class. Addresses were made by Rev. W. H. Graff, D.D., and Dr. Margaret F. Butler. Miss Helen F. Greaney was to address the class in behalf of this association, but, being unavoidably absent, her paper was read by Miss Anna M. Peters. May 26 the association, as usual, gave a tea to the class. This was held at the Philadelphia Club for Graduate Nurses. The club rooms were prettily decorated with the school and alumnae colors and beautiful flowers. A pleasant, social afternoon was enjoyed by about fifty nurses and friends.

Miss Elizabeth D. Slaughter gave an interesting report of the Associated Alumnae meeting in New York, in May.

There was a committee appointed to work out plans for securing a nurse for playground or Summer school work in Philadelphia this year.

After routine business the association adjourned until October 12.

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Maryland.

The first annual commencement and graduating exercises of the Training School for Nurses of St. Luke's Hospital, Baltimore, took place June 6th in the auditorium of the Baltimore Business College, Charles and Saratoga streets. Seven young ladies received diplomas. They were Miss Edna Heaton Barnard, Maryland; Miss Eva E. Gibson, Miss Maude Basilla Gray, Maryland; Miss Nellie May Hutchins, Maryland; Miss Emma Maley, Pennsylvania; Miss Bessie C. Maumaw, Miss Mazie May Snyder. The programme consisted of musical selections and addresses by Dr. Charles Leslie Rumsey and Mr. Addison E. Mullikin, of the Baltimore Bar.

•Rev. Charles E. Young, dean of Morgan College, offered prayer. The diplomas were conferred by Dr. William M. Pannebaker, president of the Board of Directors of the Hospital.

During his address Mr. Mullikin paid an eloquent tribute to the personal characteristics of the late President William McKinley, who, he declared, was the "embodiment and personification of gentleness." A glowing tribute was paid Miss S. Elizabeth Hurren, superintendent of nurses, by Dr. Rumsey for her work in the hospital and with the nurses of the institution.

After the exercises the Superintendent of

the Training School and members of the graduating class held a reception at the Nurses' Home.

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Changes in Army Corps.

APPOINTMENTS.

Ethel M. Baker, graduate Illinois Training School, Chicago; Florence R. Churchill, Westboro Insane Hospital, Westboro, Mass., and New York Polyclinic; Elsie C. Dalton, Philadelphia General Hospital; Marie E. Kilcayne, Milwaukee County Hospital, Milwaukee; Lyda Latham, City Hospital, Cincinnati, Ohio; Mary McEntee, Bellevue Training School, New York City; Lyda Rodgers, City Hospital, Cincinnati, Ohio; Margaret L. Todd, Bellevue Training School, New York City; Callie D. Woodley, St. Louis Training School, St. Louis City Hospital, St. Louis, Mo.

RE-APPOINTMENTS.

Virginia M. Himes, Government Hospital for the Insane, Washington, D. C., and New York Polyclinic; Mary C. Jorgensen, Troy City Hospital Training School, Troy, N. Y.

DISCHARGES.

Rose E. Abel, May 26, 1910; Hannah P. Morris, April 9, 1910; Millicent Stuart, April 8, 1910.

TRANSFERS.

Pearle B. Beecher, from General Hospital, San Francisco, to Manila, P. I., May 5; Bessie S. Bell, from San Francisco to General Hospital, Ft. Bayard; Emma Rothfuss, from San Francisco to General Hospital, Ft. Bayard; Pamela E. Tiernan, from San Francisco to General Hospital, Ft. Bayard, N. M.

JANE A. DELANO,

Superintendent Army Nurse Corps.

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North Carolina.

The Slater Industrial and State Normal School for Colored People, at Winston-Salem, N. C., through one of its trustees, William A. Blair, vice-president of the People's National Bank of that city, makes an earnest appeal for aid in raising \$12,000 needed to equip a training school for nurses. The State officers have offered \$12,000 if the trustees raise an equal amount, and the negroes of the community give their labor free, so that \$1 of outside aid brings in actually \$4 to the school. The trustees will appreciate any contribution, however small.

TYPES OF ANEMIA

NO.
6

PARASITIC ANEMIA

is caused by the corpuscle-destroying action of the malarial plasmode or the devitalizing effect produced by infection with tape-worm, hook-worm or other intestinal parasite. After the removal of the cause

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can be depended upon to renew, restore and revitalize the vital fluid, without causing digestive irritation or constipation

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Our Bacteriological Wall Chart or our Differential Diagnostic Chart will be sent to any Physician upon application.

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A teaspoon of Horsford's Acid Phosphate added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

The school is one of the most important negro institutions in the South. One of the citizens of Winston-Salem recently offered \$5,000, if the trustees would raise the same amount, for the erection of a hospital to train colored girls as nurses. The trustees did raise the necessary \$5,000, and the negroes gave their labor, whereupon the State offered \$12,000. Only part of the necessary money has been got by the trustees. All contributions may be sent to William A. Blair, People's National Bank, Winston-Salem, N. C.

+

South Carolina.

The bill for the registration of graduate nurses was passed at the last term of the Legislature. At the present reading of the bill the Board of Examiners is composed of medical men. The nurses of the State hope to accomplish an amendment of this reading, placing two qualified nurses on the board.

+

Iowa.

On the evening of May 14th, the Iowa Methodist Hospital Training School Alumnae Association, Des Moines, held its annual banquet at the Savery Hotel, the members of the 1910 graduating class being guests of the evening. A program of toasts and music followed the dinner and letters from absent alumnae were read. Twenty-one alumnae were present. During the business meeting that followed the members of the association voted to edit a section of the Hospital Magazine, a monthly periodical published by the nurses and for the benefit of the alumnae of the Methodist Hospital. It was decided to establish a sick fund.

That Iowa may have nurses ready to send to the front to serve in any national emergency, a Red Cross headquarters will be established at Fort Des Moines, all examinations to be in charge of the surgeon of the Sixth Cavalry.

Miss Estella Campbell, treasurer of the Des Moines Registered Nurses' Association, has been named one of the five nurses in Iowa to have charge of the Red Cross nurse organization work in that State. The other members of the State organization are Miss Helen Peterson, of Sioux City; Miss Ida Neff, of Waterloo; Miss Anna Goodale, of Iowa City, and Miss Helen Balcum, of Dubuque.

The graduating exercises of the Nurses' Training School of the Iowa Methodist Hospital, Des Moines, Iowa, were held at the First Methodist Church on Friday, May 10th, fifteen nurses receiving their diplomas.

Miss Lucretia Hayes, of Des Moines, who has done private nursing in the city for some time, has taken up her new duties as superintendent of nurses in the Aberdeen, S. D., Hospital. May 3d, the evening previous to her departure, Miss Anna Bailey gave a farewell party at her home, 79 Eighteenth street, for Miss Hayes. Thirty physicians and nurses were present and enjoyed cards and dancing. A buffet luncheon was served by the hostess and the evening was highly enjoyed by the guests.

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Kansas.

The graduate nurses of Wichita, Kan., met at the Wichita Hospital and organized a graduate nurses' association on the night of May 26th. The object of the association is to help to procure State registration for nurses, to elevate and maintain the standard of nursing, to promote goodfellowship among the nurses and so extend sympathy and aid to those in trouble.

The following officers were elected: Miss Alma O'Keefe, president; Miss Margaret Davidson and Miss Nellie Pyle, vice-presidents; Miss Josephine Winters, secretary, with Miss Amy Smith, treasurer.

Much enthusiasm was shown by those present and it is to be hoped that the Association will grow and prove a success in every way, as it is something long needed in this city.

The Eleventh Annual Commencement exercises of the Wichita Hospital and Training School for Nurses were held May 6th, at the Trinity M. E. Church, West Wichita. The following nurses graduated: Misses Emma Neith, May Hodges, May Fetrou, Sarah Jordan, Nellie Pyle, Rhea Dickson, Elizabeth Morain, Sophia Dibble and Lieuthenia Anderson. After the exercises a reception was held in the nurses' parlors at the hospital for the graduates and their friends.

The Red Cross Hospital Training School for Nurses held commencement exercises Monday evening, June 6th, at the Tabernacle

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the unfailing accomplishment of
definite physiologic results—has won for

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its recognized place in the treatment of all forms of functional debility. ¶ When other tonics fail or are contra-indicated for one reason or another, GRAY'S GLYCERINE TONIC COMP. may be freely used with the constant assurance that its effects will ever be restorative and reconstructive—never harmful or injurious.

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11 "	" " " - .50	5 "	" " " - 2.25

G. W. CARNRICK CO.

42 SULLIVAN ST., New York City

When you write Advertisers, please mention THE TRAINED NURSE.

Baptist Church, Kansas City. The programme was made up of musical selections and an address by Rev. Homer M. Cook. Dr. H. C. Andersson presented diplomas to Miss Ferne Fleming, Miss Margaret Cunningham, Miss Stella Nesbit, Miss Mercedes Bowen, Miss Florence Millheisler, Miss Maud Smith, Miss Lillie Walker and Miss Helen Peacock.

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Colorado.

The class of 1910 of the Minnequa Hospital Training School for Nurses held graduating exercises on the afternoon of May 24th, at Casa Vivienda, Minnequa Hospital, Pueblo. Diplomas were presented to Effie Elizabeth Hall, Elsie Louisa Fischer, Annie Elizabeth Williamson, Anna Elizabeth Goodman, Katherine Muriel Lincoln, Della Alma Davis, Housie Ednar Campbell, Virginia Carnahan and Naomi Moore Kinsel. Dr. R. W. Corwin, president. The address to the graduates was by Rev. Allan A. Tanner. There were both vocal and instrumental music. The school is under the direction of Miss Laura A. Becroft.

+

Married.

Miss Eva Marshall, of Charleston, W. Va., a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., and formerly assistant in Dr. Barber's Sanitarium, Charleston, W. Va., has been married to Mr. E. Haston Jones, of Charleston. The wedding took place at Merion, Pa., and the young couple will be at home after June 1st, at South Side, Charleston, W. Va.

Miss Myrtle Coursey, a graduate of Monmouth Hospital Training School, and president of the Alumnae Association, was married April 20th to Mr. Arthur Edwards. They will make their home in Denver, Col.

Miss Margaret Clark, a graduate of Monmouth Hospital Training School, was recently married to Mr. Joseph Grier. They will make their home in Canada.

Miss Carolyn Bond, of Clifton Forge, Va., was married recently to Mr. B. W. Balser.

Resolutions.

Miss Elizabeth T. Upjohn, a graduate of St. Luke's Hospital, Utica, N. Y., class of 1894, died at sea May 4th, 1910.

Whereas, It has pleased God in His divine wisdom to remove one of our number whose life had been devoted to relieving suffering humanity,

Whereas, All who were privileged to know her decree that their appreciation be suitably expressed, therefore, be it

Resolved, That we, the members of the Alumnae Association of St. Luke's Hospital Training School for Nurses, of Utica, N. Y., realize that in the death of Miss Elizabeth P. Upjohn we have lost a faithful friend and earnest worker

Resolved, That we herewith express our deepest sorrow and appreciation of her many good qualities and her faithfulness and loyalty to her profession.

Resolved, That a copy of these resolutions be sent to her bereaved sister, THE TRAINED NURSE, *The Journal of Nursing* and be placed on the minutes of the Association.

ANNA BAKER, R. N.,
ANNIE RENDELL, R. N.,
CAROLINE EVANS, R. N.,
Committee.

+

Obituary.

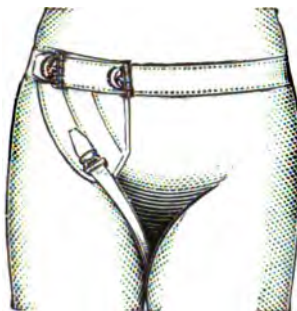
Dr. Elizabeth Blackwell, widely known in England, where she was born, and in the United States, where she practiced, died at her home in Hastings, England. She was born at Bristol, February 3, 1821.

Dr. Blackwell's parents emigrated to America in 1832. She taught in Kentucky and North and South Carolina, later studying medicine at Geneva University, and in Paris and London.

In 1851 she began practice in New York City, where she founded a hospital and medical school for women. Returning to her native land she was placed on the English register in 1859 and practiced in London and Hastings.

She founded the National Health Society of London and assisted in forming the London School of Medicine for Women.

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For Appendicitis
Hernia, etc.

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The "H-C" System consists of several nurses' annunciators and one master annunciator in the superintendent's office which duplicates all of the calls. Drops are reset *only from the bedside of the patient*, by a push-button on the

HOSPITAL PATTERN BUTTON PLATE

which is of the flush type, constructed on sanitary lines, and provided with ten feet of silk cord and pear push-button, which may be placed within reach of the patient.

The system may also be augmented by placing an "H-C"

HOSPITAL SEMAPHORE

on the door casing of each ward, which shows, by means of a red flag, just where a nurse is needed. The flag is reset by a slight pull on the chain.

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PHÉNIQUE CO.
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For the Baby's Comfort.

For infants, where the rectum becomes red and inflamed, keep the inflamed area covered with Unguentine and dust freely with fuller's earth. It will heal these cases in a remarkably short time.

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Ergoapiol (Smith).

In dysmenorrhea among individuals just entering on menstrual life, Ergoapiol (Smith) proves immeasurably more beneficial than such sedative agents as the bromides and viburnums, in that it exerts a marked and prolonged invigorating action on the entire reproductive apparatus.

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In Typhoid Fever.

In typhoid fever there is nothing more important than the question of the proper diet to be used, both in the progress of the fever and in convalescence. Horlick's Malted Milk has been so uniformly successful as a nutrient for such cases that it is endorsed by thousands of the medical profession.

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"Best Ever Used."

Bristol, Conn., March 4, 1910.
Messrs. Ogden & Shimer, Middletown, N. Y.:
Gentlemen—Enclosed find 25 cents in stamps. Please send me a jar of Mystic Cream. I have used the sample you sent and consider it the best cold cream I have ever used. Yours sincerely,

EMILY M. BASSETT, R.N.

+

Hospital Registers.

Give us an opportunity to furnish you with a list of hospitals to which we have supplied our various card register devices. Each and every one of these hospitals is a satisfied customer, willing to speak well of our register devices.

Tell us what kind of register you want and we will submit a special drawing with estimate of cost, free of charge.

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Arrow Brand.

Arrow Brand Linseed Oil Soap is the best cleaner available for automobiles, carriages and other highly polished surfaces. It will not injure the most delicate finish.

It is particularly valuable in the cleaning of carpets and rugs, as it not only removes dirt and grease spots, but also revives the original fresh appearance of the goods.

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Convulsions.

In all cases of convulsions, immaterial of the cause, and in any other condition pointing to auto-intoxication, I flush the lower bowel with a solution of Glyco-Thymoline, one to two ounces to the quart of water.

Glyco-Thymoline is always kept in my emergency grip.

J. M. DREW, M.D.

Fort Worth, Texas.

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All She Can Manage.

New Rochelle.

Dear Mr. Hallbeck:

Your note received, and I thank you for your kind interest. I have already as many patients as I can manage. The "Hallbeck Method" is certainly thought favorably of in this town. Sincerely,

MARY E. FARAHER, Trained Nurse.

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Stomachic Stimulants.

Baron Liebig, the eminent German chemist, said: "It is easy to connect the origin of scurvy with the deficiency of phosphates in bread, and in other articles of food."

Many persons require a "stomachic" after eating or drinking too freely. Horsford's Acid Phosphate is a grateful and effectual stimulant to the digestive organs and the system generally.

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Not Incompatible.

In an original article written for "Medical Reprints," Dr. George Selkirk Jones writes: "Another and most important subject for study will be that of incompatibility with respect to Antikamnia. At present I have not encountered this difficulty, for in the treat-

ADVERTISEMENTS

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Swedish Movements, Medical and Orthopaedic Gymnastics

Term: 3 Months

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Fall Classes open in two sections: September 21st and November 17th, 1910

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No Better Clinical Experience Possible

All courses may be commenced at the same time and finished within three months.

The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system. All pupils attend clinics at several city hospitals. Separate male and female classes. Payments can be made to suit your convenience. Winter Classes open January 10th, 1911. Particulars and illustrated booklet on Massage upon request. An early application for admission is advisable.

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ment of rheumatism, for example, with alkalies and potassium iodide, the occasional use of antikamnia tablets appears to act as a most useful auxiliary, and a quiescent condition of nerve, brought about by the action of the latter, appears to predispose toward a more perfect metabolism."

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The Second Summer.

Experience has shown that during the second or "teething Summer" weakened stomachs are strengthened, faulty metabolism is corrected, fatigued heart and circulation is supported, and many a tired, worn-out nervous system is restored to its proper tone by the systemic and intelligent use of small doses, 20-30 drops, according to age, of Gray's Glycerine Tonic Comp.

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Which will you have? Nurses' bills and receipts, record books, clinical charts, clinical records, urinalysis blanks, blood examination blanks, temperature charts, maternity charts, operation blanks, hospital history sheets, bedside notes, diet lists—we have them all, and more. Send for samples and prices.

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Take It With You.

A bottle of Listerine may well be included among the supplies for the stateroom or railway carriage. There is nothing at all comparable to Listerine as a mouth-wash, in the morning or at any other time. Internally, a teaspoonful of it will often relieve the nausea caused by travel, and it also improves the condition of the stomach for the reception of nourishment.

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The "Record" Hypodermic Syringe (see advertisement in this issue), is the only perfect syringe ever put on the market. It is absolutely aseptic, no washer or packing, has a perfect adjustment so that every drop of the dose is administered, there being no leakage. Can be thoroughly sterilized, easily put together, barrel accurately graduated, plunger fits and does not get out of order. Never fails to work. Send for catalogue of this and other nurses' supplies to the Valzahn Company, 1629 Chestnut street, Philadelphia, Pa.

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I want to thank you for the sample of Resinol Shaving Stick. I find it first class. I want to say that it is the only soap I can use or shall use in the future. I shave every day and my skin is as soft and velvety as a girl's. My son also uses it and many of my friends and patients. The Ung't Resinol is all you can claim for it.

L. DAWBY, M.D.

West New Brighton, S. I., N. Y.

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No Irritation.

Lieberich found that a 5 per cent. solution of Boric Acid applied directly to the cells that line the interior of the stomach and intestine produced no irritation and exerted no injurious action whatever, while a 5 per cent. solution of common salt, he finds, exerts an inflammatory action on these mucous surfaces. Boric Acid is exceedingly simple in its application; it can be used as a powder or in solution.

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The now celebrated Wocher-Baldwin Automatic (self-balancing) Operating Table, as made by the Max Wocher & Son Company, of Cincinnati, is now also made with a real porcelain enamel top. The material is similar to the inside of a modern bath tub, which requires less cleaning, and is always white and aseptic. Many new features have been recently added to this table. Send for free booklet, "How to Equip a Hospital."

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The over-stimulation of the cerebral functions from alcohol yields promptly to the soothing action of Peacock's Bromides, which will often prove to be a stand-by in cases of delirium tremens. In these patients in whom the commercial bromides should not be exhibited on account of their usual irritating action on a stomach already seriously affected, Peacock's Bromides will fully meet the requirements.

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Many doctors prescribe a combination of Dioiburnia and Neurosine (equal parts) to abate the pain and nervousness of Dysmenorrhea, Dioiburnia acting as a reconstructor to the parts affected, Neurosine allaying the pain, resuscitating and toning the nervous system.

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The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, now proposes to extend and enlarge the scope of this teaching, and offers a course in these subjects which it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year 1908 the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course exceeded ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and co-ordination exercises.

The instruction will occupy about seven months, beginning in October, 1909. Lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr., while the practical teaching occupies from three to four hours daily.

Examinations both practical and theoretical are required at the end of the course.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A shorter course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechano-therapy or separately.

This course last four months, and the fee is \$25.

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Express Prepaid
to any *Trained Nurse* on appli-
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We want you to know the value
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Mention this Magazine.
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The extract of cod liver oil used in the preparation of Hagee's Cordial of the Extract of Cod Liver Oil Compound is made under such conditions that the medicinally active principles of the oil are separated from the fatty materials without in the least changing their state of combination or solubility, so that even the most complex specific lecithine of cod liver oil is contained as such in the extract and transferred unchanged to the cordial.

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Robinson's Patent Barley.

Nurses having once used Robinson's Patent Barley will find it very superior to all other barley preparations on the market. It has been the standard make for the last eighty years. Can be prepared in many ways for patients with delicate digestion, as well as easily prepared for use in baby foods. Send post card with name and address to James P. Smith, 91 Hudson street, New York City, for their book of recipes, "Delightful Dishes and Drinks."

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Long Continued Invalidism.

A nutritious, readily digestible diet is the first and most important prescription, and then a general reconstructive, restorative and reconstituent tonic, such as Pepto-Mangan (Gude), should be ordered. This palatable, non-irritant and promptly assimilable blood constructor and hemoglobin creator will almost always assist materially in increasing the general force and vitality of the chronic invalid without disturbing digestion or causing constipation.

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Three Gallons of Breakfast Cocoa.

One-half a pound of Walter Baker & Co.'s Cocoa, and and one-half gallons of water, hot, and one and one-half gallons of milk, hot.

This should not be allowed to boil. Either make it in a large double boiler, or a large saucepan or kettle over water. Mix the cocoa with enough cold water to make a paste, and be sure it is free from lumps. Heat together

the milk and water, and pour in the cocoa: then cook at least an hour, stirring occasionally.

ELIZARETH KEVILL BURR.

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Sal Laxa (Sharp & Dohme).

It is a conclusion based upon the experience of physicians who have used Sal Laxa extensively and satisfactorily that this preparation possesses peculiarly active powers which make it an efficient combination for the scientific treatment of various gastro-intestinal affections.

Its therapeutic application will naturally suggest itself. Briefly summarized, Sal Laxa is clearly indicated in the treatment of hepatic torpor, "billiousness" with headache, furred tongue, loss of appetite, constipation, nervous depression, low spirits and sallow complexion due to over-feeding, sedentary or luxurious habits and want of exercise.

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Nervous Vomiting.

In treating nervous vomiting we must not, of course, forget to treat any disease which is associated with it. To overlook this is to allow the patient to go along without correct treatment. In many of these cases, however, we cannot find any disease factor. Generally there is, however, sufficient symptoms present to make us know that there is hysteria. There is no remedy which can be compared with Daniel's Conct. Tinct. Passiflora Incarnata in overcoming hysterical manifestations or quieting the nervous system. One merit of the remedy also is that it is in no sense dangerous and will not establish drug addiction.

JOHN J. EAGON, M.D.

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As the interest in pure food products grows among the mass of the people, those sterling, pioneer preparations put out by the Postum Company, Ltd., of Battle Creek—Postum and Grape-Nuts—show their true worth and vitality. The sales of these famous foods continue to increase year after year as the value of Grape-Nuts becomes known as an all-round food base of ideal qualities; and Postum continues to supply the demand for a wholesome, coffee-free beverage for the breakfast table. The latest product of the Postum Company, called "Post Toasties," is

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For the Nursery and Sick-Room

BORAX is one of the mildest antiseptics known; in fact it is comparatively the only one known that is wholly safe to use in the sick room. Therefore, it can be used in the place of more powerful antiseptics, which are frequently the cause of poisoning a patient.

Borax can be used indiscriminately in the sick room for softening water with which to bathe the patient, and for thoroughly cleansing bed linen, soiled garments and utensils.

A boric acid solution is cooling and soothing for the eyes, for inflamed cuticle or the mucous membrane. Boric acid spangles are the best to use for making a solution. Boric acid in a powdered form is unsurpassed as a dusting powder.

20 Mule Team Borax, Boric Acid and Spangles are all packed in convenient cartons for the nurse to handle. The 20 Mule Team Brand is always a guarantee of purity.

Write for our "Magic Crystal" booklet—free on application.

PACIFIC COAST BORAX CO.

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Would a quiet, efficient and unobtrusive assistant be acceptable to you during the long, nerve-trying hours of duty—an assistant that would relieve you of one-half the routine part of your work?

The R.R.R. helps for nurses will render you just such assistance—every one is a specialist in its own particular field, meeting every requirement of modern nursing.

One of these helps is shown in this advertisement—

The R. R. R. Thermometer Set—Mouth, Rectal and Bath Thermometers

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that will insure your readiness for all thermometer emergencies. It will PAY YOU to know about the R.R.R. method of replacing broken thermometers.

The R.R.R. helps also include charts for every purpose—bed-side, maternity and T. P. & R.—and the READY REFERENCE REGISTER, the history of your own personal experiences.

You are entitled to a free and complete set of samples of these "Silent Sick-room Assistants," to get them just write "Please send samples of the R.R.R." over your name and address on a postal. Address the postal to

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When you write Advertisers, please mention **THE TRAINED NURSE**.

made of white corn, rolled, flaked and toasted a delicate brown. With cream and fruit this dainty is a delight—easy of digestion and appetizing.

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"The Laxative De Luxe."

The Abbott Alkaloidal Company, of Chicago, Ill., claim for Thalosen that it is the best phenolphthalein-laxative produced anywhere. That is a big contention, but a host of medical men stand ready to uphold it. If you are unacquainted with it, we recommend that you write for the complimentary trial package or the tablets offered in the current advertisement.

Thalosen appears to be an out-of-the-ordinary laxative, and the samples will prove a revelation to those who know phenolphthalein only in its commonplace forms.

One physician has described Thalosen as "the laxative de luxe."

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To sum up the result of the analysis, it can truthfully be said that Coca-Cola is a wholesome beverage, having a sustaining effect due to caffeine; that Coca-Cola is entirely free from cocaine and other injurious and dangerous substances; that except the flavoring added to give Coca-Cola a characteristic taste, Coca-Cola contains nothing in effect not found in tea and coffee.

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(Signed) J. C. PEACOCK,

Analytical Chemist. Philadelphia, Pa.

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The Publisher's Desk

The Trained Nurse and Hospital Review

A Monthly Magazine Devoted to Trained Nursing in Private Practice and in the Hospitals of the Country

Editor

ANNETTE SUMNER ROSE

LAKE SIDE PUBLISHING COMPANY
PUBLISHERS

OFFICE—114-116 East 28th St., New York City

THE TRAINED NURSE

has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puffs no humbugs, and does not take half its space to tell how good the other half is.

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Exclusive publication must be insured to all contributions offered to the Editors. Rejected manuscripts will be returned if stamps be sent for this purpose.

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Illustrations for articles are particularly solicited. All expense for drawings, plates, etc., will be borne by the publishers.

No responsibility is accepted by the Editors or publishers for the opinions of contributors, nor are they responsible for any other than editorial statements.

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Short, practical notes upon personal experiences or brief reports of interesting cases, with results from remedies, new or old, will be welcomed.

The Editors and printers will greatly appreciate the courtesy of having all manuscript typewritten; or, if this is impossible, clearly written, great attention being given to proper names and medical terms.

Important Notice.

Every nurse who sees this is requested to look for our great Prize Offer, which will be found two right hand pages further back

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Acknowledgments.

We beg to acknowledge receipt of the following books, which will be reviewed as soon as possible:

Light Therapeutics. A practical manual of phototherapy, for the student and the practitioner, with special references to the incandescent electric-light bath. By J. H. Kellogg, M.D., superintendent of the Battle Creek Sanitarium, Battle Creek, Mich. For sale by Lakeside Publishing Company. Price \$2.50.

Prescription Writing and Formulary, containing 1,043 prescriptions. By John M. Swan, M.D., Associate Professor of Clinical Medicine in the Medico-Chirurgical College of Philadelphia; Instructor in Clinical Pathology and Tropical Medicine, Philadelphia Polyclinic and College for Graduates in Medicine; Fellow of the College of Physicians of Philadelphia. For sale by Lakeside Publishing Company. Price \$1.25.

Pocket Therapeutics and Dose-Book, with Classification and Explanation of the Actions of Medicines; Doses in Troy Weight with Metric Equivalents, etc., etc., etc. By Morse Stewart, Jr., B.A., M.D. Fourth edition, rewritten. For sale by the Lakeside Publishing Company, 114-116 East Twenty-eighth street, New York City. Price \$1.00.

Preparatory and After Treatment in Operative Cases, by Herman A. Haubold, M.D., Clinical Professor in Surgery and Demonstrator of Operative Surgery, New York University and Bellevue Hospital Medical College, New York; Visiting Surgeon Harlem and New York Red Cross Hospitals, New York, etc. With four hundred and twenty-nine illustrations. An important work of 650 pages. Price \$6.00.

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NEW YORK CITY

If Figures Talk.

If figures really talk, we must certainly believe that mechanical treatments of all description are growing, not merely in the favor of the laity, but also in the favor of physicians and hospitals. Almost ten thousand mechanical treatments were given in the last year at this institution alone, and nearly four hundred of our graduates have accepted institutional positions either to take charge of the mechanical departments at hospitals and sanatoria, or as instructors to the nurses in the various branches of Mechano-Therapy.

The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Inc.), 1711 Green street, Philadelphia, Pa., offers to earnest men and women a carefully prepared and most complete course in the Swedish system of massage, medical, corrective and educational gymnastics, electro- and hydro-therapy; also embracing the subjects of anatomy, physiology and pathology as far as required for this line of work.

The students do not only get a thorough, practical and theoretical course in the

branches mentioned, but are sent to the leading hospitals of the city to give such treatments to patients in the nervous and orthopaedic dispensaries.

Upon completing the course, lasting three months, the institute assists its graduates in obtaining institutional positions as well as private work, and particularly in the last year the call for competent graduates has been far in excess of the number of available applicants.

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The Summer classes open on July 12; the Fall class will open in two sections, on September 21 and on November 17; the Winter class opens January 10, 1911.

Kindly address all communications to Max J. Walter, Superintendent.

The Trained Nurse and Hospital Review

VOL. XLV.

NEW YORK, AUGUST, 1910.

No. 2.

Some Problems in Relation to Nurses' Training Schools*

CHARLES STOVER, M.D., AMSTERDAM, N. Y.

THE relation of the physician to the Nurses' Training School has been a limited one up to the present time. He has been a docile lecturer receiving his commission by grace of the trustees, subject to the jurisdiction of the graduate nurse as superintendent; but so far as the physician's influence goes in the state administration of the Nurses' Training School it might be described in much the same terms as were used in regard to the snakes in the familiar history of the snakes in Ireland. The present control by the Regents has been brought about without the initiative of, and almost without any opposition by the medical profession, and this in spite of the fact that the nurse has been most dependent upon the doctor for her vocational existence. The enviable distinction enjoyed by the trained nurse did not escape the observation of Dr. Osler, who in one of his addresses regretted that the nurse, in this country at least, had supplanted the medical student in the affection of the hospital trustees. It is to be noted that in recent years the physician is being placed on hospital boards of management, and in the future it is possible he may regain

his original privilege to influence the evolution of his trained assistant at the bedside. In that earlier period of training schools from 1872 to 1904 that we might style the era of control by the hospital trustees, for this influence seems to have been dominant, there was a mercenary use of the nurse for private work that, while it added to the hospital revenue, also materially shortened the term of theoretical training. Let us concede that the primary consideration in organizing trained schools was not a sentimental one, but based upon economic considerations. This plan multiplied all over the United States must have averaged fairly well, for after thirty-two years, in 1904, there were 21,844 pupils in 867 schools in the United States among 1,484 hospitals. In this state alone there were 79 schools registered. [Thompson.] About this time begins what we may call the era of control by the New York State Nurses' Association. That organization in 1903 sought the aid of this society to have passed the Nurses' Practice Act for the examination and registration of nurses. This was urged on by President Hopkins in his Inaugural, endorsed by a commit-

* Read at the annual meeting of the Medical Society of the State of New York, at Albany, January 26, 1910. Published in *New York State Medical Journal*.

tee on President's Address, made up of Drs. Roosa, Ely and Kraus, and approved by this society; so that we are partly responsible for the result of this legislation, be it good or bad. The bill passed with no appropriation of funds for its application, and under its provisions was referred to the Board of Regents for administration. Here it was found so faulty and indefinite that it was held up for a year until subsequent legislation could remedy its defects. The first syllabus for guidance of Nurses' Training Schools in the preparation of students for Regents' examination, as provided for in the Act of 1903, was outlined by a committee on education of the New York State Nurses' Association in 1905. Since then it has been revised by the Association and the Board of Nurse Examiners, with the approval of the State Education Department. The last syllabus, No. 441, 1909, was prepared by an Advisory Council of Nurses' Training Schools, aided by the State Board of Nurse Examiners, and approved by the State Education Department. Therefore, we may not inaptly call this the era of control by the New York State Nurses' Association. Those who have been responsible for the system so far devised for the education of nurses have proceeded upon the assumption that the vocation of nursing is a profession in the sense that is recognized when you speak of the learned professions of the church, the law, and medicine. Upon this error it is unnecessary at the present time to dwell. It resulted that physicians lectured to nurses as they themselves had been lectured to when medical students, and nurse examiners asked questions on pathology and practice. It is not to be wondered at that megalomania became rampant among nurses. The danger of

this sort of training has been discussed by Dr. Osler in one of his addresses at Johns Hopkins Hospital in 1897. He said, "With the fullest kind of training you cannot escape from the perils of half knowledge, of pseudo-science, that most fatal and common of mental states. In your daily work you involuntarily catch the accents and learn the language of science, often without a clear conception of its meaning. I turned incidentally one day to a very fine example of the nurse learned and asked in a humble tone what the surgeon—whom I had failed to meet—had thought of the case, and she promptly replied that 'he thought there were features suggestive of an intracranial myxoma,' and when I looked anxious and queried, 'had she happened to hear if he thought it had an epiblastic or mesoblastic origin,' this daughter of Eve never flinched, 'Mesoblastic, I believe,' was her answer. She would have handed sponges—I mean gauze—with the same sang froid at a Waterloo."

Whether the quality of nursing has been bettered since the control by the Board of Regents is an open question. It was expected that the high pressure system of that body would be applied, yet as a fact, the zeal of those who represent the State Nurses' Association has outrun that of the Department of Education. Had the Board of Regents not refused their approval of their plans for entrance qualifications more than half of the 124 Hospital Training Schools in the State of New York would have been put out of business, and the present syllabus would be practicable only in large municipal hospitals, and every graduate would be a specialist. One of the tendencies in the United States is to plan the course of instruction for the evolution of hospital administrators, ignoring the public

demand for ordinary and domestic nurses. Dr. W. Gilman Thompson states that "In 1908 there were in the United States 935 training schools for women nurses, with 22,100 pupils among 1,484 hospitals, and an annual graduation roster of over 5,600. At the present time there are more than 500 pupils in attendance at the schools in this State alone. Twenty-two thousand nurses constitute a good sized army. I think it a conservative estimate to say that fully \$10,000,000 are invested in the housing of this number of nurses. Recently two new nurses' homes have been opened in New York City alone, one for the Bellevue school, costing with its lands and furnishings over \$700,000, and one at the Metropolitan Hospital on Blackwell's Island, costing, without the land, \$350,000. In that city alone also within the past decade three other school buildings have been erected, one costing \$500,000 and the other \$300,000 or \$400,000. The training of nurses involves to-day a very large financial outlay and the interest on the investment, together with the cost of maintenance, reaches several millions annually, but the community receives its financial return many times over in the value of the lives which are saved through the improved care which the sick receive."

We are not seeking to dim the bright gems that adorn the crown of the modern nurse. She is established and we cannot do without her, but at this time we are discussing the system of nurse training, and may we not inquire whether for this enormous outlay the general public is receiving as much as it deserves? Twenty-two thousand and one hundred nurses are engaged in hospital practice and 5,600 annually turned into the stream of nurse practice. It is estimated that they

do not remain in active service longer than ten years. Is it not wasteful to spend so much time in preparation for ten years' service? It is also calculated that even after this valuable education of graduate nurses, only 10 per cent. of the nursing outside of the hospital is done by them. Is this the best return that the hospitals can give to the public that supports them? What has the nurse organization done to meet the crying needs of the poor and middle classes for nursing at a moderate cost? Is it possible to reconstruct our nurses' training schools so that more than 10 per cent. of the nursing that physicians are interested in securing for their clients shall be provided for? Is it necessary to teach so much in order to train a good nurse; or to put it another way, are not two years long enough for training? Ought not specialism in nursing be provided for by post-graduate courses in the large hospitals that are especially equipped for such work, rather than to load this burden upon the smaller hospitals of twenty-five to fifty beds, doing a most necessary and laudable work in their own field? Ought not a certain degree of autonomy be allowed the various training schools by the Regents so that local conditions can be met? Furthermore, carrying out the principle embodied in the constitution of this Society, namely: To direct public opinion in regard to the great problem of State medicine, ought not the 6,762 members of this Society to get in closer relation to the educational department of the State and help it in its effort to administer a law, originally no more sought after by the Board of Regents than by the physicians of this State?

The nurse training school presents a more complicated problem in relation to hospital administration than does the

medical school. It therefore should be considered from the standpoints of the various interests centering in the hospital, and these may be grouped as follows: The public, the trustees, or governors, the medical staff and the nurses' training school. At the last annual meeting of the American Hospital Association a special training school committee reported upon the possibility of standardizing the teaching of nurses. The report followed upon an extensive correspondence and repeated conferences with physicians, surgeons and training school committees of various associations, hospitals and charity organizations in the United States and Canada. The result was not here definite owing to the present state of Gospel work and the various types and sizes of hospitals in city and town, and another committee was appointed to fully investigate the subject of nursing of people of limited means in their homes and the education of trained attendants for this work. Here are subjects of vital interest, not only to every physician, but also to his clientele, where a trusty helper is needed to carry out his instruction. Here, too, is the American Hospital Association formed by the trustees and superintendents of the leading hospitals of the United States and Canada, numbering nearly 500, and therefore representing the public, the governors, the physicians, and the nurses. Included in this associa-

tion are members of the New York State Medical Society. The Hospital Association seeks enlightenment in formulating its report upon this subject in which we are all interested. Now, why should not this society of 6,762 members have a voice in this evolution of a more ideal nurses' training school; why should not this body also appoint its own representatives to advise the educational department of the State or at least to ratify the appointment, by the Chancellor of the Board of Regents, of the Medical Council? It may not be generally known that such a body exists and that four out of the five Medical Councillors to the Regents are members of this society. The Nurses' Training School Council made up of an equal number, seems to have both ears of the Board of Regents, and so far as I can ascertain the advice of the Medical Council is not sought.

With the hope that our prerogative may be exercised wherever our interests are presented I will at the proper time offer the following: It is moved that the president appoint a special committee on Nurses' Training Schools consisting of five members to confer with the State Department of Education when necessary; to affiliate with other organizations in matters of common interests; to cooperate with the committee on legislation; and generally to advance the mutual interests of this Society and Nurses' Training Schools.

Missouri.

The Kansas City Association of Hospital and Training School Superintendents has been formed with the following officers: President, Miss Cornelia E. Seelye, 4237 Wind-

sor, Kansas City, Mo.; secretary-treasurer, Miss Annie M. Casey, German Hospital, Kansas City, Mo. Organized June, 1906. Meetings third Thursday of each month.

Our Life Work*

B. A. WILKES, M.D., ST. LOUIS.

NEITHER by natural aptitude, nor by virtue of special preparation, do I claim ability to depart from the custom of first lauding the name and achievements of the sainted Florence Nightingale, and then fill in the remaining time with good advice about what you must do or not do to be a success. Hence to mitigate your disappointment, I will try to give you some food for thought, some desire for action, by pointing you to the brightest star that shines in the firmament of a busy and useful life, and that is Success.

There was an old preacher once who told some boys of the Bible lesson he was going to read the next morning. The boys, finding the place, glued together the connecting pages. The next morning he read on the bottom of one page, "When Noah was one hundred and twenty years old, he took unto himself a wife, who was"—. Then turning the page, "one hundred and forty cubits long, forty cubits wide, built of Gopher wood, and covered with pitch inside and out." He was naturally puzzled at this. He read it again, verified it, and then said, "My friends, this is the first time I ever met this in the Bible, but I accept it as an evidence of the assertion, that 'we are fearfully and wonderfully made.'"

If I could get you to hold such faith to-night, I could proceed cheerfully to the task I otherwise approach with more or less timidity.

Your training here has only prepared you to successfully fight the battle of

life and improve your opportunities. No matter what your natural gifts may be, you could not succeed in your work without having faithfully served this apprenticeship.

Let what you have gained be an incentive to something higher. You cannot rest on your laurels, no matter how hardly earned. You must press forward to the mark of the high calling.

It is eager desire to attain excellence in their work that makes men and women successful. The love of excellence is the lodestar that leads the world onward. Nothing less than your best efforts will result in any lasting benefit to yourselves or to the community in which you live. It matters not if you do not reach your goal, for you will grow broader and higher and richer in experience and knowledge through the trying.

The modern trend of civilization is to advance and excel. If you are going to succeed, you must advance and excel, for "nothing succeeds like success." One of the greatest railroad men in America once said, "The most important thing about succeeding is to start right."

To start right on this voyage of life, one of the your best assets will be cheerfulness.

The time will come in the progress of the world when we shall not have to depend on rich furnishings, costly tapestries and gold plate. Character will become so enriched in the upward growth of the world that the surroundings, however costly, will be considered but a

*Address to the Class of 1910, Missouri Baptist Sanitarium Training School for Nurses. Contributed to THE TRAINED NURSE.

cheap setting of a precious life-stone. Cheerfulness is a potent factor of success.

There is nothing which persevering industry and unwearied and unremitting exertion may not completely and thoroughly surmount.

Despair of nothing, and never be cast down. If you ever wish to amount to anything never permit the idea to enter your mind that you are unlucky or less fortunate than other human beings.

Discipline yourself never to acknowledge weakness. Deny that you are a weakling, that you cannot do what others have accomplished.

Never talk, think or write of your unfortunate condition. Cut out of your life all thoughts that limit, hamper, dwarf, or darken it. These are the ghosts of fear.

Resolve, that come what may, you will be an optimist.

Believe in the final triumph of right.

You, amidst the fluctuations of your feelings, and of passing events, ought to resemble the ship which currents may carry and winds may impel from her course, but which amidst every deviation, still presses onward to her port with unremitting perseverance.

In the coolness of reflection you ought to survey your affairs with a dispassionate and comprehensive eye, and having fixed on your plan, take the necessary steps to accomplish it, regardless of the temporary mutations of your mind, the monotony of the same track, the apathy of exhausted attention or the blandishment of new projects.

"Look up, look up, when the shadows fall
And the way lies dark before you,
Hold fast to the faith that is best of all,
And success will not ignore you."

No human being ever made a success

trying to be somebody else, no matter how great or successful that person might be. Success cannot be successfully copied; it is original; it is self-expressive.

Your profession has made great advancement and progress in the past few years. State Boards of Health and State Legislators have been impressed with your profession, its work and its importance, and are now making laws to govern and protect you by forming examining boards and issuing a license authorizing you to practice your profession and follow your vocation within its borders.

The present is your time and opportunity. It has been said, "He who is false to present duty breaks a thread in the loom, and will find the flaw when he may have forgotten the cause."

Your life work is one of sacrifice and service to God and humanity.

Your lecture course and bedside experience have no doubt brought you face to face with the great responsibility of your chosen profession, and have taught you the beginning of a useful career.

You may not all reach the highest pinnacle of fame, but you can all be useful women.

"They talk about a woman's sphere as though
it had a limit;
There's not a place in earth or heaven,
There's not a task to mankind given,
There's not a blessing or a woe,
There's not a whispered yes or no,
There's not a life, or death, or birth,
There's not a feather's weight of worth—
Without a woman in it."

You should all be strong in character, noble in thought and charitable in deed.

In your ministration to the sick, you should at all times enter the sick-room in neat attire, fresh in appearance and pleasing in manner.

Doctors seek the good nurses first. The

laity soon learns the value of a good nurse. The following is an incident of an Irishman's value of a nurse:

"Father Kelly says th' diff'rence between Christian Scientists an' doctors is, that Christian Scientists think they'se no such thing as disease, an' doctors think there ain't anything else. An' there ye ar-re."

"What do you think about it?" asked Mr. Hennessy.

"I think," said Mr. Dooley, "that if the Christian Scientists had some science and the doctors more Christyinity, it wouldn't make any difference which ye called it—if ye had a good nurse."

Your training in the sanitarium does not deal merely with book learning and clinical methods; it carries with it the

building up of character. To the building up of a fabric of personal education and of personal character, to the preparation of countless opportunities for good work in the world; to happy, useful lives, and to the welfare of future generations, are you, the members of this class, dedicated.

And when you go from this parental roof to enter upon this, your life work, I hope you will not forget your Alma Mater. Cherish the memory of the days and years spent here, and we hope you will always point with pride to your work and associations while in training.

"And when the lessons of life are all over,
And the Lord says our school is dismissed,
May we all meet in Heaven together,
Not one of our number be missed."

Nebraska.

The Nebraska State Board of Nurse Examiners has three vacancies, on account of the resignation of all of the members. Miss Hardwick resigned to be married, Miss Anderson because of leaving the State, and Miss Wollgast because of ill health.

A new Board will be appointed soon by the Governor. Until that time, the nurses will suffer some delay on registration matters.

The Nebraska State Association of Graduate Nurses will be held in Lincoln, Neb., on June 28, 1910. An all-day session will be held and an afternoon picnic will be given at Green Gables Sanitarium. These meetings are held once in three months, and are very enjoyable.



New Jersey.

The Newark City Hospital Alumnae Association held its annual reception for the graduating class at Davis Hall, May 24. A business meeting was first held, during which the new graduates were introduced and invited to join the society. About forty members of the

association were present and seventeen members of the graduating class.

Marriages of recent date among the members of the association are as follows:

Miss K. Caragh to Mr. Arthur Russell. Mr. and Mrs. Russell will make their home in Glen Ridge.

Miss Sue Stauffer to Mr. Frank Green. Mr. and Mrs. Green will reside in Roseville.

Miss I. Buchnan to Mr. Woehmer. Mr. and Mrs. Wochmer will reside in East Orange.

Miss Agnes Louise Hilt to Mr. Benjamin Keeler. Mr. and Mrs. Keeler are at present making their home in Newark, N. J.



Personal.

Miss Rose Konop, a graduate nurse, of Des Moines, Iowa, has had the rare privilege of a trip around the world with a party of tourists. Her friends have heard from her at various points along the way—Hawaii, Japan, China, Egypt, etc. The party is expected to return shortly.

Lessons in Chemistry for Nurses

MINNIE GOODNOW,

Superintendent Bronson Hospital, Kalamazoo, Mich.

Supplies for Experiments.

THE teacher of chemistry should bear in mind that experiments made before the class are far more impressive than any recital of text can possibly be. It is therefore strongly advised that all experiments given in the following pages be actually made by teacher or pupils. The material for them is of the simplest character, and will not cost more than a couple of dollars. It will be found already on hand in most hospitals. There is practically no apparatus needed.

The following is the list of things needed:

2 oz. sulphuric acid,
2 oz. hydrochloric acid,
2 oz. powdered sulphur,
 $\frac{1}{2}$ dram iron filings,
1 oz. chloride of lime,
 $\frac{1}{2}$ oz. tincture of iron,
 $\frac{1}{2}$ dram solution silver nitrate,
 $\frac{1}{2}$ oz. sugar of lead,
 $\frac{1}{2}$ oz. powdered alum,
1 oz. washing soda,
A few crystals of copper sulphate,
A few small pieces of zinc.

A Bunsen burner or alcohol lamp, a few test tubes and a glass rod should be provided.

LESSON I.

All matter, everything which we can see, handle, taste, smell, or deal with in any way by our senses, is divided into two classes, organic and inorganic.

Organic substances are those which have a certain definite structure built up

by the mystic force which we call life. They are usually products of plant or animal life. Wood, sugar, muscle, milk, etc., are examples.

Inorganic substances are those structureless materials which we call metals, minerals, earth, soil, etc. They are formed without the aid of animal or vegetable life. Salt, borax, iron, etc., are examples.

Organic matter, we learn, is composed of cells. A *cell* is a minute portion of jelly-like substance with a thin wall about it, and a nucleus within. This, the simplest living structure we know, is quite complicated in comparison with a bit of mineral matter. Even a microbe or germ, small as it is, has a definite structure with parts unlike each other; whereas a piece of iron or gold is the same throughout. We resolve a cell into its simplest elements, and we find it composed of different kinds of material. We resolve a piece of iron into its simplest elements, and we find the same sort of material repeated over and over again.

In imagination we divide organic matter smaller and smaller in order to learn its final composition. By various processes we arrive at the conclusion that it is composed of substances similar to inorganic matter. We try to go further, but fail. We have not now at our command any microscope or other instrument delicate enough to show us the smallest parts into which organic or in-

I wish to acknowledge my indebtedness to Dr. B. N. Epler, of Kalamazoo, Mich., and to Miss Charlotte Alkens, of Detroit, Mich., for many helpful suggestions. Also to Dr. E. C. Hill, of Denver, Col., for proof reading and corrections.

organic substances may be divided. We can conceive that they might be capable of almost infinite division, yet we finally arrive at the ultimate bit, which cannot be further divided without destroying its identity. These smallest particles we call *molecules*.

A molecule, then, is defined as the smallest portion of matter which can exist alone.

We may ask if molecules are not capable of division. The following experiments will suggest the answer.

1. Dissolve a pinch of sugar in a small quantity of water. Add more water gradually, tasting often. It will be found that a very small quantity of sugar can be detected in quite a large quantity of water. This shows us that though the sugar be divided into particles so small that we cannot see them with the most powerful microscope it is still sugar, the original substance.

2. Place a small portion of cane sugar on a china dish. Pour over it ten or fifteen drops of sulphuric acid. The sugar presently turns yellow, then amber, then brown, and after a considerable time becomes quite black. This black substance resembles neither sugar nor sulphuric acid, but looks like fine charcoal mixed with some liquid. We find by further study that it is exactly this.

3. Put some sugar on a tin plate and hold over a flame. The sugar browns, smokes, bubbles and finally becomes a charred black mass.

We see by these two last experiments that the sugar is no longer sugar, but has become some other substance. We infer, therefore, that a change has taken place which has broken the sugar up into its constituent parts. These smallest parts we call *atoms*.

An atom is the smallest portion of

matter which can exist in combination.

This considering of matter as divided into molecules and atoms is known as the *Atomic Theory*. It is entirely theoretical, but the facts of which we have any knowledge fit the theory. Scientists have adopted it, therefore, as a foundation for the work of chemistry.

What chemistry is. Chemists have, by long series of experiments, found that few substances are simple, but that very many are composed of two or more other substances. The study of these experiments and of the conclusions drawn from them is called chemistry.

Chemistry is the science of matter, its properties and changes.

Chemical and Physical Changes.

If we heat water to the boiling point, it goes off into vapor or steam. If the steam be cooled, it returns to its original form. If we cause it to freeze, we have a solid mass, which we call ice. A slightly higher temperature returns it again to water. Such changes in the form of a substance are called *physical changes*.

The first experiment with the sugar—the making of a solution—is another example of a physical change, for if we evaporate the water we may obtain the sugar in its original form.

The second and third experiments are entirely different matters, for in those cases we had formed an entirely new substance. Such a change occurring in the composition of a substance is called a *chemical change*.

Experiments to Illustrate Chemical Changes.

1. Mix powdered sulphur and fine iron filings. Use a magnet, and it will be found easy to separate the two sub-

stances. Look at the mixture through a strong magnifying glass, and you may readily see particles of each substance. Put some of the mixture into a test tube and heat to redness. It becomes a mass in which neither iron nor sulphur can be distinguished, and which is neither one nor the other. By the first process we have a mechanical *mixture*; by the second, a chemical *compound*.

2. Put a little ammonia water into a small glass vessel. Add a small quantity of tincture of iron. A dark red, rather heavy precipitate will be formed, which may be washed on fine gauze and examined by the class.

3. Put some normal salt solution into a glass. Add several drops of a solution of silver nitrate. Note the bluish-white precipitate formed.

4. Put a spoonful of fresh chloride of lime into a tall glass vessel (a Mason

jar will do), and pour over it a little 50 per cent. sulphuric acid. Cover for a few minutes. A greenish-yellow gas will appear of a penetrating and disagreeable odor.

5. Blow gently through a glass tube into a bottle of lime water. The clear solution will presently become milky, and soon there will appear a fine white precipitate which settles to the bottom of the bottle.

The above experiments illustrate chemical changes. In the first, two solids—iron and sulphur—united to form a third solid. In the second and third, two liquids produced a third liquid and a solid. In the fourth, a liquid and a solid produced a gas. In the fifth, a liquid and a gas (from the breath) produced a solid. These suggest the innumerable combinations possible.

(To be continued.)

Ohio.

The commencement exercises of the first graduates from the Wooster Hospital were held in the parlors of the hospital Thursday evening, June 23. The members of the class are Miss Elizabeth M. Aitkenhead, of Wooster, and Miss Viola S. Hixon, of Fredericksburg.

The rooms were beautifully decorated in roses, peonies, daisies, ferns and the class colors, black and gold.

About 125 guests were present to witness the graduating of these young women, who have made many friends during their stay at the hospital who will wish them success in their life work. The following interesting program was given, with Dr. George W. Ryall presiding:

Piano prelude, Miss Mary Nice.

Invocation, Rev. D. A. Heron.

Solo (selected), Miss Ethel Rockey.

Accompanist, Miss Mary Nice.

Address on Behalf of the Hospital Board, Mayor Feeman.

Solo (selected), Miss Ethel Rockey.

Address to nurses and presentation of diplomas, Dr. G. W. Ryall.

Benediction, Rev. D. A. Heron.

Class pins were presented by the Hospital Board.

A pretty incident took place at the close of the ceremonies. When nearly all had gone the little five-year-old daughter of Mr. and Mrs. Joseph Glenn was brought down. The little girl turned an inquisitive eye on many of the people, and suddenly all who were there became quiet, and Dr. Heron offered a short and appropriate prayer for the life and health and happiness of parents and the relatives of the child.

Care of the Stump After Amputation of the Extremities

ALMA MARY HANNA

Head Nurse Eves' Surgical Sanitarium.

THE nurse who assumes charge of a patient after an operation of this kind, practically takes the patient's life in her hands for the first twenty-four hours at least, although the immediate danger is by no means over at so early a period, as it is well known that secondary hemorrhage may occur at any time up to the formation of a firm cicatrix.

After the patient has been brought from the operating room he should be placed in a warm bed and well covered as in any other operation, but care should be taken not to have hot water bags near the stump, which should be elevated in an easy position by means of a small pillow enclosed in a rubber case, over which the usual muslin pillow case is arranged.

Do not let the end of the stump rest heavily on the pillow or any other surface. If it cannot be so arranged that the end may project slightly off the pillow, then make a soft pad of absorbent cotton, which will serve the double purpose of a cushion to the extremely sensitive area and an absorbent of drainage, the amount of which will depend on the locality of the section and vascularity of the part operated upon, as also upon the presence of any provision made for drainage.

Keep the stump free from the bed-clothes for the first twenty-four hours.

It should be well exposed so as to be able to notice at a glance the sudden presence of a suspicious amount of blood upon the bandage.

A tourniquet should be placed loosely around the limb above the knee if it be a leg, and above the elbow if an arm, with a compress directly over the course of the artery, so it can be tightened at a moment's notice should anything unlooked for occur.

In private practice it is well to keep on a table near at hand, but covered from the patient's view, a basin of bichloride solution 1-5000, a supply of sterilized gauze, cotton and bandages, as also one pair sterilized scissors, tissue forceps, two or three pair hemostats and a hypodermic charged with a solution of morphine $\frac{1}{4}$ and atrophine 1-150. Especially is this a practical procedure in the country with the doctor miles away and with no speedier means of locomotion than "Dapple Gray."

After the patient has reacted from the anesthetic impress on him the necessity of being absolutely quiet. Do not even allow him to talk, for the first few hours at least.

Keep all curious and overly-sympathetic friends and relatives out of the room as much as possible, but if anyone must come in during the first twenty-four hours, spread a clean towel over the exposed stump to prevent a too sudden realization of the deformity.

Take the patient's temperature every four hours, and count the pulse not oftener than once every hour at first. Oftener than this is liable not only to annoy but alarm the patient.

Watch constantly, but unobtrusively,

for any appearance of unusual restlessness, thirst, yawning, sudden contracting of the pupils, blueness about the lips and cold, clammy skin.

Should any one of these symptoms appear, tighten the tourniquet at once. Draw it as tightly as possible, elevate the stump more and elevate the foot of the bed; also give your hypo of morphine and atrophine. Even if you are not sure as to the presence of hemorrhage, give your patient the benefit of the doubt, as these measures could do no harm even if the alarm be false.

But if you are certain, send at once for the doctor; if he lives at a distance and in the meantime your patient seems to be bleeding rapidly in spite of these measures, remove the dressings, use your tissue forceps and scissors to remove enough sutures to gain good access to the interior of the wound. Sponge out well with hot bichloride 1-5000 or normal saline and pack tightly with dry gauze. Use strips about three fingers breadth at first, then finish with a heavy packing of a broader piece; over all place a firm compress of gauze and finish with a tight recurrent spiral reverse bandage (ascending.) This will generally check the bleeding and can be left until the doctor reaches the patient, when the offending vessels can be caught and ligated. Do not at any time remove the tourniquet, even if it does not seem to be doing any good, as it would only cause delay, and as it can remain tightened for from four to six hours, it is just as well to leave it on.

After this time or sooner if the patient be an old person or one with low vitality, it should be removed, as it is very liable to cause gangrene of the part by cutting off the blood supply. While waiting for the doctor, keep the palm of the hand pressed firmly over the dress-

ing and have some one else in the room to attend to any other needs of the patient.

There are other methods by which a nurse may treat secondary hemorrhage, but for a good many reasons and from experience, this is considered the best.

1. You have your materials at hand.
2. You can be absolutely sterile with all proceedings.
3. The results are uniformly happy as regards checking the hemorrhage and lack of infection and
4. You have a dressing which can remain until a doctor reaches the patient, and the longer the packing remains the more firmly the blood becomes coagulated within its meshes, thus making assurance doubly sure.

If no accidents occur during the patient's convalescence, the stump should be treated as any other wound aseptic or septic, as the case may be.

If aseptic, the dressings are usually not removed until after the first twenty-four hours. If a drainage tube is used this is removed after thirty-six hours and left out.

A word as to a method for facilitating the easy and painless removal of these dressings, which are usually very copious, and by this time firmly adherent to the wound by means of dried blood.

About one hour before the doctor's arrival begin moistening the dressing with a solution of sodium bicarb one heaping teaspoonful to the quart of warm water. This solution is a safe antiseptic and further has the power of rapidly dissolving the dried blood in the dressing, whereas bichloride of mercury by coagulating the albumen in the blood renders the dressing more difficult to remove.

Remove the dressings carefully one piece at a time.

Do not be in a hurry, and if the patient is interested and not nervous, he should be allowed to watch the proceedings, as his interest in seeing the work done often displaces the apprehensiveness of impending pain, which is perfectly natural when he is requested to "look the other way." Have at least one-half dozen sterilized towels or pieces of cloth to arrange around the stump, and after the soiled dressings have been removed cleanse the surface of the wound carefully with bichloride 1-5000, dry thoroughly and place on loosely a temporary dressing of dry sterile gauze, and over this adjust a sterile towel. Thus everything will be in readiness when the doctor arrives, who will then dress the stump in the manner he deems most suitable.

If any unusual amount of pain appears after the first twenty-four hours, it usually, though not always, means pus.

In such a case, the dressings may be moistened with bichloride 1-5000 and the doctor notified, who will then give further orders.

It would be well to explain to the patient in simple terms the reason why he is yet feeling pain and the presence of a foot or a leg, which has been cut off.

Tell him that the severed nerves were once a continuous track, as it were, with smaller tracks branching therefrom, and running down the whole length of the limb, and has been so used to carrying messages of its former presence, and the sensations of pain and motion, that it is still returning them to the brain.

Especial care must be given the patient after an amputation of the leg when crutches are first used, as owing to his lack of strength and awkwardness in using crutches for perhaps the first time in his life, a fall is the frequent result with profuse hemorrhage if he be so unfortunate as to strike the stump.

Arkansas.

The Little Rock Graduating Nurses' Association held their annual banquet at the Hotel Marion on June 5, 1910, twenty-five members being present and two visitors. This association is gradually growing and making rapid strides toward State registration.



Minnesota.

At the regular annual meeting of the Nurses' Alumnae Association of St. Barnabas's Hospital, Minneapolis, on June 7, the following officers were elected for the ensuing year: President, Miss Minnie Patterson; first vice-president, Miss Kate Reid; second vice-president, Mrs. T. H. Weld; secretary, Mrs. C. C. Pratt; treasurer, Miss Mabel Hedemark.

The motion was carried unanimously that the superintendent of St. Barnabas's Hospital, Miss Harriett Hartry, be elected an honorary member of the association for life.

The annual banquet of the St. Barnabas Nurses' Alumnae Association, of Minneapolis, was held at the Donaldson Tea Rooms on June 11, at 7 p. m., at which the following program was presented.

1. Address of welcome to graduating class,
Miss Patterson
2. Response for class.....Miss Watson
3. Greetings from Montana,
Miss Nellie O. Barsness
4. The Matrimonial Side of the Profession,
Mrs. Simmons

On Saturday, June 11, at 4 p. m., occurred the laying of the corner stone of the new pavilion of St. Barnabas's Hospital, Minneapolis, an addition which will extend the main building, from Sixth Street, South, to Seventh Street, and increase its capacity to 150 beds.

Eliminative and Tonic Baths and Other Treatment for Toxemia

MARY H. TUFTS.

(Continued from July).

THE importance of well-directed exercise in connection with hydrotherapy treatment, cannot be overestimated. Exercise not only encourages circulatory reaction, but heat elimination also.

In persons able to take exercise, an amount of exercise sufficient to produce slight perspiration before the bath favors the tonic effect of the application. Exercise should not be vigorous enough to induce excessive action of the heart or lungs, as a bath should never be given when these organs are over active.

The best forms of exercise are walking, Swedish gymnastics, Zander or mechanical medical gymnastics.

Persons who are unable to take active exercise may be prepared for the bath by massage, vigorous friction, or vibrations.

The drinking of large quantities of pure water should be insisted upon with the patient who has toxemia. This lowers temperature, dilutes the blood, promotes evaporation from the surface, and excites the kidneys to increased activity, thereby encouraging the elimination of the toxins.

In describing the eliminative treatments, massage must be given an important place. I will merely speak of its effect upon circulation, elimination, nutrition, haematogenesis and phagocytosis.

The influence of massage upon the lymph circulation is marked. The lymph

vessels drain the tissues of waste and toxic materials. Lymph channels are most abundant in the subcutaneous tissue and in the fascia, which cover and lie between the muscles, so that these vessels are acted upon by massage.

That massage and exercise of muscles greatly increase the flow of lymph, has been demonstrated repeatedly upon animals.

Massage stimulates all the functions of the skin, and promotes reaction. And it also promotes nutritive changes in the muscles.

It promotes the secretion of digestive fluids, improves the appetite, promotes absorption of the products of digestion, and aids peristalsis.

That massage aids the blood-making process, has been demonstrated by the rapidity with which the number of red blood corpuscles and the amount of haemoglobin increase in the blood under this treatment, in cases of anaemia.

Kellogg and other physicians skilled in these lines of treatment, claim that massage increases the number of corpuscles in circulation, from about 25 to 50 per cent. Winternitz, of Vienna, and Mitchell, of Philadelphia, make like claims for it. But Winternitz teaches that this sudden increase of blood corpuscles is not due to a new production of blood cells, but the apparent increase in number is due to the bringing into the circulation a great number of corpuscles which have been retained in the large vascular vis-

cera of the interior of the body, particularly in the liver and spleen.

Dr. Kellogg, by a series of experiments, has shown that under massage the blood shows an increase of from 3 to 7 per cent. of red cells, and from 40 to 80 per cent. in the white cells. The increase in the blood-count usually becomes apparent within thirty minutes, and lasted from an hour and a half to two hours.

If massage is used daily upon a person whose blood-count is deficient, a permanent increase may be noted from day to day. In this respect the effect of massage seems the same as that of the cold application.

Phagocytosis is the principal means by which the body antagonizes the invasion of foreign microbes, which always takes place in connection with infectious disease. Microbes of different sorts, and even animal parasites such as the plasmodia of malaria, are captured and destroyed by the white blood corpuscles. So it is evident that massage, by bringing into the circulation an increased number of blood cells, must greatly increase the resisting powers of the body.

In the case of exudates in parts which have suffered from inflammatory processes, the removal of the exudate depends upon its solution. This is effected by the white corpuscles, which actually digest the inflammatory products, thus setting them free to be carried away by the venous and lymph currents.

Hopadze has shown that massage is valuable as a regulator of the nutritive processes, by increasing the assimilation of nitrogenous food substances. It has also been shown that massage diminishes the weight of very fat persons, and increases the weight of those who are badly nourished.

In the matter of elimination, the chief effects of massage are to encourage the activity of the liver, the kidneys, and the skin.

Zander, of Stockholm; Taylor of New York, and Kellogg, of Battle Creek, have devised many appliances for the giving of mechanical massage, which is a more or less perfect imitation of the action of the hands in the application of these treatments. These treatments are variously styled mechanical Swedish movements, Zander, etc. The advantages of this mechanical treatment over the manual are in that they may be used for prolonged treatments by shaking or vibratory movements, which are exceedingly trying for the masseur, and cannot be maintained, at best, for more than a few minutes continuously.

The functions of the great sympathetic nerve and of the abdominal ganglia and solar plexus are becoming better understood, and it seems clear that the application of strong vibratory or shaking movements of the abdomen may produce powerful physiological and therapeutic effects through the stimulation of the sympathetic.

Professor Charcot, of Paris, has demonstrated the therapeutic effects of vibration in the treatments of organic disease of the spine, which is one of the most intractable of diseases. This renowned physician had great confidence in the benefits to be derived from mechanical massage.

Mechanical vibration is said to be one of the most efficient means for relieving the great variety of paraesthesias from which neurasthenic patients suffer, such as numbness, formication, tingling, etc.

It exerts a powerful influence upon the circulation, and restores the balance

of the circulation when it is disturbed by morbid reflex action.

The so-called solar-ray is a substitute for the treatments by the sun baths. This apparatus is really a modification of the arc light, from which the powerful light and heat are refracted and reflected by a concave metal reflector. The rays from this apparatus not only influence the skin, but pass through the skin into the body, exciting the cells and tissues. The surface circulation is greatly accelerated, free perspiration occurs, the heart's action is increased, and the activity of the vital functions is promoted. The effects of the solar-ray seem practically like those of the electric light bath. But a more radiant and intense heat may be localized upon portions of the body with this apparatus than with any electric light bath yet invented.

Treatments of this kind will give relief in the neuralgias and in neuritis more quickly than can be gained by any other treatment.

In the year 1891 Dr. Kate Lindsay, of the staff of the Battle Creek Sanitarium, called to the attention of Dr. Kellogg, superintendent of the sanitarium, the convenience of the ordinary incandescent electric light wrapped in flannel as a means of applying heat to the body. Dr. Kellogg had previously made use of the sun's rays in the treatment of chronic invalids, and particularly for the relief of spinal irritation. The observations of Dr. Lindsay in regard to the electric light led Dr. Kellogg to begin experiments with various kinds of apparatus designed to make the therapeutic applications of electric light. This resulted in the development of the electric light cabinets and various devices for the general and local application of heat.

The form of cabinet in general use for giving baths to the entire body consists of a compartment about five feet high, in which are placed from fifty to sixty incandescent lights. The cabinet is lined with glass or metal mirrors, to multiply the number of lights by reflection.

The cabinet is so arranged that the whole body of the patient, sitting upright, can be exposed to the influence of the lights. And by means of switches and proper wiring the number of lights in use can be instantly controlled.

The heat effects of the bath are derived chiefly from the incandescent films by radiation, and do not depend upon the heating of the confined air within the cabinet, as in vapor and other cabinet baths.

By means of other constructions the incandescent light is localized upon the spine, trunk, joints and other parts. These appliances are so easily managed that they at once recommend themselves as a means of applying heat to the cutaneous surface. The intensity of the applications may be regulated by a rheostat, or by the number of, and candle-power of, the lights used.

The electric light bath has proved to be of greater value in the treatment of many diseases than any other means of applying heat, except water, and admits of much more general employment than the Turkish, Russian, vapor or hot-air baths. And the bath, if properly used, is decidedly tonic in character. A short application of the bath at full force for a time just sufficient to induce powerful stimulation of the skin, without provoking perspiration, is a most effective tonic. This effect may be in-

tensified by instantly following the bath with a cold spray, or cold mitten friction.

The electric light bath is superior to all other means in the treatment of chronic rheumatism and all maladies dependent upon the uric acid diathesis owing to its ability to elevate the body temperature, while at the same time producing vigorous cutaneous activity. The elevated temperature stimulates the oxidation of proteid wastes and augments vital combustion, while the increased skin activity carries off the waste products prepared for elimination.

Recent teachings in physiology have been that the elevated temperature in febrile conditions is one of the methods of nature in combating the causes of disease. So the electric light bath may exercise in many cases a strongly curative influence by the elevation of the body temperature, thereby enabling it to produce antitoxins.

In giving the salt-glow, salt of medium fineness and slightly moistened is used. This is applied to the whole surface of the body with friction movements. After the application the salt, which adheres to the surface, is removed by the cold affusion shower or spray. Then the patient is quickly dried and rubbed in the usual manner. The skin is hard and almost as smooth as marble after this application. In the case of feeble patients a dash of hot water or a warm spray should be given just before the cold application.

The salt-glow produces to an intense degree the circulatory stimulation of the brine bath, the sea water bath and the saline sponge.

It is a tonic measure of high value, and produces valuable derivative effects. It is of special value for aged or feeble persons, whose heat-making powers are

small, and in whom thermic reaction does not readily occur.

It may be employed in cases of Bright's disease and diabetes, conditions demanding increasing skin activity, but contra-indicating the cold baths.

The physiological effects of irrigation of the intestine have been carefully studied by Krull, Stadelmann and Kemp. The cold enema is believed to aid the liver by removing from the intestine large quantities of decomposing stuffs, with the microbes and the ptomaines and toxins produced by them.

Intestinal irrigations afford great relief in a class of patients who suffer from atony and dilatation of the colon, and who have nearly always a great accumulation of fecal matter. Autointoxication is really the cause of many of the distressing symptoms from which such patients suffer, and these symptoms usually disappear after the use of saline cathartics and the use of intestinal irrigations daily for two or three weeks.

The cleansing enema should be given at a temperature of 92 to 95 degrees, and after this has been entirely discharged, a pint of water of the temperature of 60 degrees should be introduced (and retained if possible) as a tonic for the intestine.

Since so much is claimed by some physicians for the so-called aseptic diet in the treatments of intestinal autotoxemias I will outline in a general way the dietary measures often advised.

Great advantages are claimed for the use of the lactic acid ferments in intestinal putrefactions. It is said that the Bulgarian bacillus isolated by Metchnikoff at the Pasteur Institute of Paris has the faculty of destroying pathogenic intestinal organisms.

In the really aseptic dietary meats of all sorts, oysters, fowl, game, meat juices, beef tea, animal broths and all meat preparations are excluded, because of the presence of tissue wastes, uric acid and other toxic substances, together with ptomaines, the product of putrefactive change.

Coarse vegetables (as cabbage, celery, lettuce, roots of all sorts, string beans, spinach and greens) must generally be avoided because their indigestibility leads to their retention in the stomach and colon, and thus encourages fermentative processes.

Cauliflower, tender asparagus, green peas, purees of peas, beans and lentils, excluding the skins of these seeds, are allowable.

Eggs in the form of egg-nogs prepared without wine or brandy, soft boiled eggs, soft custards prepared with sweetina, instead of cane sugar, may be taken freely when well tolerated.

Raw fresh milk is admissible in a small proportion of cases only. Kumyss, Matzoon, dairy buttermilk and lactone buttermilk, cottage cheese, peptonized milk, junket and milk and lime water are allowed.

Ripe fruits are allowed by some physicians and loudly condemned by others.

Those advocating fruits consider them of value because of the germ-destroying acids which they contain. Cane sugar as a sweetening is admissible only in small quantities. They consider juice from fresh ripe fruits very wholesome.

Preserved and pickled fruits and vegetables must be discarded.

Cereals are recommended as having high nutritive value and being easy of digestion when cooked at a sufficiently high temperature to thoroughly dextrinize the starch.

Nuts are practically free from starch, consisting chiefly of fats and albuminous substances. They may be eaten fresh or crushed in the form of nut butter or in preparations such as protose, nuttolene, etc.

An exclusive fruit dietary for a week at a time has been highly recommended by some.

Others claim that intestinal asepsis can only be obtained by an exclusive dietary of acid buttermilk or kumyss. The patient takes three or four quarts a day for a week. Others recommend the use of buttermilk in connection with a selected mixed dietary.

The breads that are generally allowed are graham, whole wheat, stale yeast bread and dry toast.

Personal.

Miss Annie W. Goodrich has been appointed inspector of training schools for the State of New York.

Miss Susan Heitzemater has been appointed superintendent of Nichols Memorial Hospital, Battle Creek, Mich.

At a meeting of the Italian Red Cross, held in Rome on June 12, Miss Phyllis S. Wood was presented with a silver medal and a certificate of merit for her services at Messina during the earthquake. Miss Wood is well known to the readers of THE TRAINED NURSE, and her account of the disaster was given in our magazine.

Human Nature and a Nurse

H. RIVERS.

LONG years ago, when I was two weeks past my probationary month, I found one evening my name posted on the bulletin board with directions for me to report for duty the next morning in the children's ward.

So far my time had been spent in the women's medical ward, where I now felt as much at home as a cat in its garret, but I indulged in no lamentations, receiving my marching orders with a good grace, since to do otherwise would have brought my nursing career to an abrupt termination.

Unsuspected by me war clouds loomed large on my horizon, and all because there were strained relations between my old head nurse and my new one. The former, Miss A., on reading that same notice, remarked to the nurses with her that she pitied me for having to work under Miss B., which unfortunate speech being duly reported by some mischievous maker to Miss B., she promptly retorted, "She'd see to it that Miss Rivers would wish she had never seen the children's ward." The next morning I was quite mystified at having myself and my greeting ignored.

I finally mustered up courage to ask Miss B. what work she wished me to begin with. She turned away with a contemptuous look and flung at me over her shoulder, "There is always plenty of work for those who care to see it." As the other two assistants had begun on the bed-making, I then stepped to the third bed and started in—no more—for down swooped Miss B. on me and point-

ing to the sand bags and extension apparatus—I learned later it was a Coxalgia case—asked: "Haven't you sense enough to know you are not competent to make this bed?" I begged her to tell me then which one I should make, but she intimated I must be hopelessly stupid if I had to be told *that*. Knowing I'd be called down if I skipped, I turned to the next bed, only to be again visited with her displeasure and practically told to move on, but not where to. I could have hugged the little occupant of the fifth in line for being a convalescent, as I was allowed to finish his bed unmolested. After that all the beds which fell to me presented no difficulties—hence there were no more reprimands. It was only a respite, for all day long I could hardly start any work in peace and my position was rendered still more uncomfortable because the other assistants, taking their cue from the head nurse, let me severely alone.

When the interne came to make his rounds I thought, "Now there will be a cessation of hostilities," but alas! for in speaking to me Miss B. conveyed in her tones the impression that I was in dire disgrace, and finally the young doctor turned and gave me a look implying he, too, had joined the ranks of the enemy.

By this time every child was regarding me with round-eyed wonder, and there was not even one friendly little face among them. This truly awful day came at last to a close. The last hours Miss B. and I were alone in the ward, the other

two nurses being off duty. As the footsteps of the night nurse echoed down the corridor—for this was before the day of rubber heels—I turned to bid my implacable head nurse good night. Then to my relief I saw victory was to be mine, for I had caught a gleam of light on her waist. Stepping up to her and looking her straight in the eye and pointing to a tiny silver cross dangling by a royal purple ribbon from a button hole, I gently asked: "When you treated me as you did to-day, did you say, '*In His Name*'?" Very abruptly she turned away with "No, I didn't," but not quickly enough to hide a faint smile around her mouth which told me plainly her quick Irish wit recognized and appreciated the fact that I had taken the wind out of her sails completely.

She was kindness itself the next day, and indeed ever after, and we became good friends, and I have so many pleasant recollections of her brightness and capabilities that my first day with her appears now merely as an amusing incident.

When I had been in training about a year and a half I was sent to another institution to widen my experience by nursing sick foundlings who, of course, were bottle babies. In connection with this institution was another—both being small affairs—where very young unmarried girls with their infants were received on leaving the hospital, cared for and trained in domestic work that they might become self-supporting and so rescued from a probable life of sin. They were in charge of a graduate nurse, Miss C.

However, the third floor of the foundlings' building was utilized as a temporary hospital for any of these young

mothers who might be ill or their babies ailing, and when such was the case they came under my care.

One day the resident physician, a woman, told me she was going to send me a girl, Maggie, from the other house because she insisted she was ill, though the doctor could not locate her trouble. She came over and behaved in a peculiar way which gave the impression she was playing off to avoid helping with the work; which was further confirmed by her eagerly assenting when the doctor asked her if she had a pain right across her fingers and also across her toes.

The nurseries were on the second floor and my quarters were just across the hall from them. One night I was suddenly awakened by piercing screams and the night nurse calling, "Oh, Miss Rivers, it's Maggie." She was standing in the hall above, and telling her to stop that noise instantly, I flew upstairs to settle with her for startling every one in this fashion, myself included.

She claimed she had screamed from pain, but could not locate it, and acted so silly and foolish I gave her a good scolding, told her it was folly to tell me that was a scream of pain, for I knew one when I heard it, and being unable to find any cause for her conduct, I tucked her in bed and sternly ordered her not to repeat the performance.

Her case continued to baffle us and she was finally transferred to my own hospital. There I saw her in the women's medical ward, where the nurses said she was quite docile, had made no outbreaks, was no worse, but still a mystery. I saw her a week or two later. She was then desperately ill, indeed, dying, and her case had been diagnosed as abscess

of the liver, which the autopsy fully confirmed.

Poor child! Up to the last her tongue had been unable to find the words which would give a hint of her trouble.

As I stood looking down at the white drawn face on the pillow, how cruel that scolding now sounded in my ears, and I was so confident I knew a scream of pain when I heard it! I returned to my babies in a very sober and repentant frame of mind.

* * *

This work proved exceptionally interesting, sometimes presenting surprising contrasts. For instance, I was filled with pity when I stumbled on a young girl of seventeen whose tears were falling like rain on the face of her tiny baby. Two hours later I was nonplussed to hear this same girl blithely singing, "Where Is My Wandering Boy?"

Late one afternoon Miss C. came to the nurseries and asked me to step over to my rooms. She looked worn and harassed. It seemed Jane, one of the most promising of her girls, had behaved badly all day. Besides being sullen and defiant and even impudent, her work had been so poorly done Miss C. had had to insist upon her doing it over and over until it was properly done, and finally Jane brought things to a climax by turning on her seven months' old baby and slapping him. This was too much, and Miss C. felt Jane must be punished for her cruel act, but was too much used up with the day's conflict to trust her own judgment in the matter, and now appealed to me to suggest how Jane should be dealt with. This I was unwilling to do until I had seen her face.

As she was the one who prepared all the lime water, it was an easy matter to

empty my jug and walk over for more.

Handing it to her gave me the opportunity I desired, and I did not look fully at her again even when thanking her for the fresh supply, as I did not want her to think I had noticed her unusual expression. I next slipped round to Miss C.'s room to report and dropped on the floor at her feet, Turkish fashion. She used to say I was a rare lass for sitting on the floor! A sigh of relief greeted my announcement of having thought of a way to punish Jane, which changed to a gasp of surprise when I said I wanted her to let me take Jane for a walk that evening after I was off duty. When she recovered her breath she exclaimed: "Why, that is no punishment; that is a treat, and she don't deserve it." "I know," was my reply, "that you agree with me in thinking we are here to help these girls get back to a normal condition. Jane looks to me not only sullen and defiant, but despairing, too, and if you actually punish her, you may make her desperate, and then there is no telling what trouble she may cause. Remember she is only a child herself, and has been shut up in this place for six months, where there are thirty-five crying babies besides her own, and perhaps things seemed unbearable to-day. Let me have her as I suggest, and I'll promise to walk her so far and so fast she will come back tired enough to go promptly to sleep instead of lying awake plotting." Unconvinced, yet distrusting herself, Miss C. consented to the plan, and right after supper sent Jane to my room, when she listlessly asked what I wanted of her. "It is going to be a glorious night, to-night, and I want to go for a long walk after I'm off duty, and I'd be so glad to have you go with me—that is, if you

care to—Miss C. says you may." Care! The look on her face made my throat feel very queer and as if the vocal chords had gone on strike. She stammered her thanks, but she had nothing to wear, having come to the institution with a shawl over her head. We were soon trying on some of my things and found a Spring jacket which fitted fairly well and a hat becoming enough not to make a guy of her. Then she hurried off to finish her share of the work and care for her baby with a bearing which augured well for the success of the plan.

In due time we sallied forth down the quiet, poorly lighted side street on which we lived. Tacitly leaving the institution and our life there out of the conversation, we drank in the bracing air of a frosty October night, enjoyed the friendly stars and laughed quietly over some

simple little happenings until we emerged upon one of the finest thoroughfares of the city. Now we slackened our pace, lingering to look at the displays in the brilliantly lighted shop windows, and like veritable street arabs we selected the things we should certainly come round and buy the next day. Beyond the shops were some of the finest homes in the city, and here we caught glimpses of beautifully dressed women on their way to their carriages. Altogether life seemed to hold possibilities of happiness in spite of sorrow and sinning. We were gone over two hours, and as Jane passed under the hall light her face spoke of renewed hope and courage. At the breakfast table next morning I received a good account of her cheerful face and industry.

(To be continued.)

Philadelphia, Pa.

The National Association of Colored Graduate Nurses will hold their third annual convention in Philadelphia August 16, 17 and 18. A spacious hall has been engaged, where clinics and practical demonstrations will be given. It is hoped to establish a fund which will enable the association to start a campaign against tuberculosis among colored people.

Those desiring to help to make this convention a great success should address Mrs. R. L. Williams, No. 127 North Fifteenth street, Philadelphia, Pa.

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McKeesport, Pa.

The graduate nurses of the McKeesport Hospital held their annual picnic at Olympia Park, McKeesport, Pa., July 6, during the "Old Home Week." Friends from Elizabeth, Dawson, Greensburg, Uniontown, Monessen, Hawkins Station and East Liverpool helped to make the event an enjoyable one.

Colorado.

The first annual commencement of the Weld County Training School for Nurses, in connection with Greeley Hospital, was held in the First Presbyterian Church, Greeley, June 17. Miss Norma Carter, Miss Nancy Dill, Miss Susie Beattie, Mrs. Elsie C. Jones and Miss Minnie Raine received diplomas.

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Illinois.

Commencement exercises of the Christian Training School of the Dr. White Sanatorium were held on the lawn of the Oscar Taylor home. The beautiful surroundings of shade trees and flowers helped to make the occasion one of the most unique social functions in the city of Freeport. Miss Winnifred Taylor acted as hostess. Dr. J. T. White presented the diplomas, and the pins were presented by Miss Taylor, president of the Training School. The graduates were: Miss Asmus and Miss Wyman, of Monroe, Wis.; Miss Huntington, of Bishop, Cal, and Miss Zimmerman, of Freeport, Ill.



AN OLIVE GROVE, TIVOLI, ITALY.

See article, "An Italian Holiday."

An Italian Holiday

PHYLLIS S. WOOD.

OF unfailing interest and delight are the many excursions the leisurely traveller can take in the neighborhood of Rome. But he must be leisurely.

The hurried tourist, who, with limited time, dashes from one point to another, knows nothing of the charm of wandering through the surrounding country enjoying nature alone. Leave the guide-books at home. The Spring is the season and March the month, when the air is still fresh and keen, but the sun already warm enough to bring out the early leaves and blossoms, when the birds are singing and wearing their brightest plumage and the sky above is limitless in its Italian blue.

Choose just such a day and take the little steam tram that in one hour and three quarters carries you to Tivoli, the old Tibur of the ancients. Its ugly iron blackness shrieking its impertinence across the stately Campagna robs it of none of its beauty, of none of its majesty. The plain is too vast, too extensive for such a little modern playtoy to make the awkward contrast one would fear. That little tram carries you rapidly and you are glad of the facility it affords. But presently as we steam along we begin to detect the odor of sulphur fumes in the air, and with impatient irritation we at first attribute them to our engine and sigh to think that after all modern facilities will mar our sense of the beauty around us. But no, the malodorous fumes also acquire interest when we are told that they issue from the sulphur springs that in association

are in accord with all else that pertains to ancient history. They are the sulphur springs that Pliny calls the *Aquae Albulae*, to which his contemporaries and others besides would resort for the cure of divers ailments. Half a mile to the north of the present station are the ruins of the *Thermae*, built by Agrippa. The springs are still in use and much frequented, but they are not as powerful and efficient as in ancient Roman times. The decrease in power can be measured within given limits by comparing the thin modern deposits with the ancient, which have encrusted or altogether choked pipes, reservoirs and even bathtubs.

It is with feelings of shame that we look at the modern shabby little bath-house of the *Aquae Albulae* and picture in their stead the old *Thermae*, with their colonnades of verde antico surrounding mysterious depths of turquoise blue, marble and mosaic floors, basins of gilt bronze and precious marbles ready to receive the hot bubbling water, the whole surrounded and shaded by the woods dedicated to some health-restoring nymph.

But with just time enough to set down visitors to the springs our little train snorts and fusses and is soon off again through the green undulating loveliness of the *campagna*, past the ruins of Hadrian's Villa and on toward the slopes leading up to Tivoli.

These slopes are wooded with olive trees that, seen from a distance, give the hills the soft grey-blue tone so pe-

culiar to them alone. The olive tree, with the vine, is the chief agricultural industry of the neighborhood, and is as remote in its appearance there as its earliest settlers. It was imported by the Pelasgians. In early Roman times it

making industry gained ground, as it had begun to do over the greater part of Italy. It was in the year 945 that it began to be noticeable. In 1556 a census of the trees was taken and 75,000 found to be growing within the municipal



VIEW OF THE CITY OF TIVOLI, ITALY.

was not as extensively cultivated here as it is now. The sunny slopes over which we are now climbing were at that time occupied by gardens and pleasure grounds. With the abandonment and destruction of the many villas the oil-

jurisdiction; 103,045 were numbered in 1739; 126,000 in 1845, and 150,000 at the present day. Above a certain level the olive tree bears no fruit; its limits extend over a belt of limestone foundation from 500-1,000 feet above sea level.

It seems as though the appearance itself of the olive tree told us the tale of its genealogy. The grey, bent and crooked, twisted trunks and weird outstretching arms, and the little crisp green leaf with its silvery sheen all speak of age and antiquity.

At the summit our journey ends in the little piazza of the town. Tivoli itself is only interesting for its picturesque, its associations and the waterfall. It was the favored pleasure resort of the ancients. Illustrious women graced it with their presence in the popular belief that the climate was good and improved their complexion; a season spent at the waterfalls wonderfully clearing the skin. Tibur was the only place known to the ancients where ivory was not discolored or blackened by age. The hills by the river Anio were considered out of reach of the plague which periodically visited Rome several times in one century, the habit becoming customary for the frightened Quirites to take refuge in Tibur at the first signs of the epidemic, though the Tiburtines showed them scant welcome, at one time chasing them back to the stricken city with cudgels, shouting: "Death to the Romans."

Many famous names in mediaeval history are familiar in Tivoli. Marguerite of Austria, the handsome daughter of the Emperor Charles V., widow of Alessandro de Medici, and affianced wife of Duke Ottavio Farnese, nephew of the Pope, visited it in 1540. She was entertained in the Town House, the local noblesse making her stay agreeable with hunting, dancing and sports. Ciriaco d'Ancona, the first archæologist and explorer visited Tivoli in 1432; in 1460, Enea Silvio Piccolomini, the first learned tourist, visited there for a time

for the purpose of study. Later on he became Pope Pius II. Pope Sixtus V., in 1482, brought into fashion again the use of Tivoli as a Summer resort. But in passing we must not forget to mention Pirro Ligorio, the artist archæologist of the sixteenth century. He it was who designed the Villa d'Este, which stands on the western slopes of Tivoli, distinct and separate in interest to what the town affords. Ligorio's stupendous creation, adapting classic architecture and classic landscape gardening to the requirements of his own times, made this Tiburtine residence of Cardinal Ippolito d'Este one of the wonders of the world. It has been given the highest place of honor among Italian creations of the same nature. The beauty of its site, its groves of cypresses, ilexes and laurel, its abundance of rushing water and thousand fountains all tend to make it the most fascinating spot in which to wander and dream. It is also from the river Anio that these fountains and streams are fed.

This mighty Anio intersects subterrananeously the entire town of Tivoli and gushes forth through unexpected caverns, forming the many waterfalls pouring down the hillside.

For centuries that river has flowed, and its sparkling waters have leaped undisturbed over the cliffs of the mountain, but man's superior force is now being used to curb that strength to his own just needs. Tivoli's waterfalls, with no great detriment to their natural beauty, are supplying Rome with electric power and light. It is claimed that they produce the strongest power in the world, owing to the enormous height from which they fall, though their volume is exceeded elsewhere.

Editorially Speaking

An Ill Advised Protest

It is comparatively rarely that The Trained Nurse attempts to discuss English nursing matters, for the situation and sentiment there is so confusing that injustice might easily be done. There are at least three factions in the nursing circle of that country, each presumed working in the interests of nurses, and of the efficient care of the sick, each thinking its motives and methods superior to the others, and each striving to impress its particular ideas and ideals on the British public, and especially on the British Parliament.

An occurrence of interest to some American nurses, and to some hospital people, inasmuch as it shows a significant tendency, which, though it has not yet *conspicuously* manifested itself in America, may do so at any time, was a meeting of some of the graduate nurses, some of the pupil nurses, and one of the former Matrons of St. Bartholomew's Hospital, London, called to protest publicly, apparently because a graduate of the St. Bartholomew's School for Nurses had not been appointed Matron to succeed Miss Isla Stewart, who died a few months ago. The position of Matron in England corresponds to the principal of the training school, or the superintendent of nurses in this country. The Nursing Times (London) gives the following account of the meeting:

"The appointment of an assistant matron at the London Hospital to be matron at St. Bartholomew's, has roused much indignation among Bart.'s nurses past and present, and

was the reason for a protest meeting held at the Medical Society's rooms on Tuesday night. Miss Maud Banfield, who was trained at Bart.'s, and has held the post of superintendent of the Philadelphia Polyclinic Hospital, was in the chair. Among the speakers were Miss Helen Shuter, Miss Kingsford, Miss Cox Davies, and Mrs. Bedford Fenwick, and letters of sympathy were received from two governors of St. Bartholomew's Hospital. The speakers felt aggrieved at the appointment of a matron trained in a hospital which gave a certificate after two years' training. They contended that the idea of a bureaucratic nursing system being introduced into "Bart.'s filled the staff with apprehension, and it seemed as though those who thought for themselves and believed in self-government, would have no chance of professional promotion. Resolutions were passed unanimously asking for a public inquiry into the methods of management of the nursing school, and also into the insanitary and dangerous condition of the nurses' home. Copies of the resolution were to be sent to his Majesty the King, as president of the hospital, to every governor, and to the members of both Houses of Parliament."

To the spectator this action on the part of the nurses of St. Bartholomew's seems, to say the least, ill advised. To a great many people the chief question at issue is whether the governors of the hospital or a faction of the nurses of the hospital are to manage the institution, and there can be but one answer to this question. The resolutions attacking the sanitary condition of the nurses' home, and the methods of management of the nursing school would seem to be particularly ill-timed, and the question naturally arises. Why were these things not taken up during the regime of the late

Matron? The late Matron was in full sympathy with the registration leaders in England and America. The newly appointed Matron presumably is not. We have many boards of managers in America who will fully sympathize with the governors of St. Bartholomew's in this desire for a change of policy and sentiment in the training school, however great the respect for those who have directed the work of the training school in the past, may be. In fact in a number of instances in which a change of supervisors in the training school had to be made in large American hospitals, the trustees have personally written us asking to be put in communication with women suitable for training school management, who were not given to running to extremes, and who were not active in nursing politics.

The graduate nurse who accepts the position of superintendent or principal of a training school has a responsibility for the influence which she exerts, which the graduate nurse in private life has not. She may have her own personal opinion regarding the politics of the nursing world, but she is paid to teach and manage nursing, not to strengthen any political party by influencing pupil nurses to ally themselves with it. The instructor in a medical school may have his individual opinions, which to him may seem important, but he is likely to find that he is open to censure if he uses his position as instructor to promote ideas which those in authority are convinced are better kept out of the school. Equally so the head of a training school will find it wise in the long run to keep the nursing schools out of politics, and politics out of the school.

In a number of schools in which one woman has been at the head for a considerable number of years, it has seemed

to those in authority inadvisable to appoint a graduate of the same school to the supervision and management when a vacancy occurred. The infusion of new ideas, and the introduction of new methods, so desirable in every school, can as a rule more easily be brought about by one who was trained in a different school, and no body of graduate nurses should feel aggrieved or feel that a reflection had been cast upon them because a graduate of another school was chosen instead of one of themselves. If all hospitals were bound by rules or tradition not to allow any but graduates of the school to hold responsible positions in the schools, conditions would become intolerable and the work would suffer serious embarrassment. This is especially applicable at the present time, when many superintendents are interested in furthering nursing enterprises in which they have a financial interest.

The attempt of graduate and pupil nurses to control the appointment of superintendent is hardly likely to be regarded with favor by hospital authorities, and we seriously advise American nurses not to adopt the methods of that faction of the English nurses quoted in the clipping.

There is much that is done in which the assigned motive is zeal for better nursing, and higher education, but in which the real motive is found in the determination of a few people to have their own way and have control whenever possible. +

For Social Betterment

THE *American Journal of Surgery* announces that beginning with the June number it will establish a department of "Surgical Sociology," to consider various phases of the relations existing between

the needs of society and the responsibilities of the surgical profession. A full outline of what the department means to undertake is given in an editorial in the May number of the *Journal*.

We would also call attention to the report of the proceedings of a meeting held in Boston, Mass., October 20, 1909, under the auspices of the Committee on Hygiene of Sex, Massachusetts State Conference of Charities. This can be obtained from the Health Education League, No. 113 Devonshire street, Boston, Mass., on receipt of the price—8 cents.

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Our Critics

IN this month's Letter Box is a second letter of criticism on the article "A Typhoid Case in the Country," which we published in May. The writer of the criticised article also contributes an explanation in answer to the first criticism which applies to the second as well.

We feel it to be only fair to us and to our contributors that a criticism written to appear on the pages of our magazine should show evidence that the article criticised had been read comprehendingly. The criticisms of this article were in large part questionings, "Why was this done?" "What was that for?" etc. A careful reading of the article shows the answers to the questionings and refutes the criticism.

Criticism is of two kinds; that which finds fault, exposes and condemns it, and that which finds fault, exposes and corrects it. We welcome criticism; we are always glad both to receive and publish it, but we feel that to be of value it should be of this second type, that the error be shown and a correction suggested. In other words the critic should

answer the question, "What would you have done?"

We have always given a contributor the privilege of appearing in print over a nom de plume, initials, etc., providing the editor knew the name and address of the writer, but we believe that *condemnatory* criticism of an article, institution or person should appear over the author's signature. This seems to be the fair treatment of the one criticised and of the editor.

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Chemistry for Nurses

IN this number we take great pleasure in presenting to our readers the first of a series of papers on Chemistry for Nurses, by Miss Minnie Goodnow, Superintendent of Bronson Hospital, Kalamazoo, Mich.

These lessons are the outgrowth of what the writer found to be a crying need in the teaching of nurses. All textbooks and nearly all doctors assume that the nurses whom they address have some knowledge of chemistry. In the average training school about one nurse in ten has studied it, and the rest are hampered by its lack.

Chemistry forms an important part of the foundation of all other sciences, and a knowledge of it is necessary for the correct understanding of them. In the medical sciences the underlying principles of chemistry come into constant use. The study of physiology with its complicated processes of digestion and nutrition, of materia medica with its multiplicity of compounds, of urinalysis, and of dietetics, cannot be successfully undertaken unless the pupil has learned something of chemistry.

These lessons are designed to give to

nurses, not a chemical education, but only sufficient knowledge of the subject to enable them to comprehend their work in other lines. It is not intended for those who have studied chemistry, but for the very large number of nurses who have had no instruction in this branch.

Theodore W. Richards, in an article in the *Atlantic*, says: "Our bodies are wholly built up of chemical substances, and all the manifold functions of the living organism depend at least in part, upon chemical reactions. Chemical processes enable us to digest our food, keep us warm, supply us with muscular energy. It is highly probable that even the impressions of our senses, and the thoughts of our brains, as well as the mode of conveying these through the nerves, are all concerned more or less intimately with chemical reactions. In short, the human body is a wonderfully intricate chemical machine, and its health and illness, its life and death, are essentially connected with the co-ordination of a variety of complex chemical changes."

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A Voice from the Regents' Office

AT the January meeting of the Medical Society of the State of New York, held in Albany, considerable attention was paid to the question of nursing education and registration in New York. After a number of physicians had expressed their dissatisfaction with the present situation in that State, Mr. A. S. Downing, of the State Education Department, Albany, spoke as follows: "It has been my official duty to study the question of training of nurses, and to deal with the problems involved. I am in sympathy with those who believe that we should provide by statute for a class

of nurses, especially known as domestic or practical nurses, who shall go to the middle and poorer classes and give their services at moderate prices, but who, working under the immediate direction of the physician, are competent to perform the ordinary duties required by the physician in the care of the sick. There are many people in moderate circumstances who can afford to pay moderate prices for nursing, but who cannot afford to pay the extreme price of \$25 or \$30 a week for such services as are rendered by trained nurses. In the consideration of this question the medical profession, the people at large and the registered nurses must all be protected."

On motion of Dr. Barber, of Rochester, a committee of five was appointed from the medical society to confer with a similar committee from the Board of Regents in regard to this matter.

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A Commendable Example

THE Illinois nurses have set a commendable example to nurses in general by their decision to erect a cottage for Illinois nurses who contract tuberculosis. The cottage will be in connection with the Illinois Sanitarium. Every few weeks we hear of some nurse who has been obliged to give up her work owing to her having contracted this disease. Much time and money has been spent by nurses in journeying to California, Colorado, Texas, Arizona and such places in search of a cure. Now that it has been demonstrated that a cure is possible in practically any climate, given certain conditions, it is surely fitting that nurses themselves put forth an effort to provide suitable accommodations for the nurses of their own State who contract

the disease. Quite recently we were told by an architect that for the sum of \$400 upward an open air cottage, to accommodate two nurses, could be erected. Usually the State or the tuberculosis association will provide the ground. No more worthy object has ever been undertaken than this form of service, and we earnestly commend the subject to the consideration of State and local organi-

zations. Illinois nurses are, of course, not the only ones to undertake this kind of work. Out on the Pacific Coast, the nurses of Washington State have taken a similar forward step and will build a cottage for nurses in connection with the tuberculosis camp to be established near Seattle. Let the good work go on. If others are working along this line, tell our readers about it.

Virginia.

Graduating exercises of the 1910 Class of the Memorial Hospital School for Nurses began Sunday, May 22, when the Rev. S. C. Hatcher, pastor of the Broad Street Methodist Church, delivered the Baccalaureate sermon.

Monday, May 23, practical demonstrations were given by the class. The amphitheater was filled to its utmost capacity with friends of the graduates and with Richmond people, who have always maintained a keen interest in the work of the school.

The commencement exercises proper took place Thursday, May 26, in the auditorium of the John Marshall High School. There were ten graduates. The following day a dinner was given by Dr. Lewis C. Boshier, president of the hospital, at the Jefferson Hotel, to which the entire Alumnae Association was invited.

The graduates are Miss Bertie M. Arritt, Miss Saddle Blankenship, Miss Pauline Brook, Miss Kate G. Gilliam, Miss Frances F. Hesser, Miss Minnie Howse, Miss Ida J. Lucas, Miss E. Meade, Miss Florence L. Reinach, Miss M. E. Taylor. The class motto: "Fidus et Audax."

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Married.

Miss Mertie McDonald, former day supervisor of nurses at the Harrisburg (Pa.) Hospital, and Dr. Jesse L. Lenker, a former resident physician, were married March 31st, at about 9:30, at their newly furnished home. The ceremony was performed by Rev. Rene H. Williams, pastor of Messiah Lutheran Church. Only the immediate relatives and

friends of both couples were present at the ceremony.

Mr. and Mrs. Lenker will be at home to their friends at 21 North Fourth street.

The marriage is announced of Dr. S. L. Smith, of Poughkeepsie, N. Y., to Miss Mildred Gorham, who was a nurse in the Roosevelt Hospital in New York City. The marriage took place in Nova Scotia. The doctor is one of Poughkeepsie's physicians, having been practicing in that city about a year. Previous to that he was connected with Vassar Brothers' Hospital.

Miss Alice Edith Bair, graduate of Columbia Hospital Training School for Nurses, Pittsburg, Pa., class November, 1909, was married in Wilkesburg April 14, 1910, to Dr. J. Franklin Gonell, Marietta, Ohio. Dr. and Mrs. Gonell will live in Munhall, Pa.

Miss Alta Briggs, a graduate of Green Gables Sanitarium Training School for Nurses, was married on June 1, 1910, to Dr. Harry Brown. After an extensive Eastern trip Dr. and Mrs. Brown will be at home in Daykin, Nebraska.

Miss Katherine Geesler, a graduate of the Amsterdam City Hospital, Amsterdam, New York, and formerly head nurse of the same hospital, and also a graduate of the Pennsylvania Orthopaedic Institute, was married on April 20, 1910, to Mr. George Hoff, of Frankfort, N. Y.

The Hospital Review

Hospital Noise.

The annual meeting of the Canadian Hospital Association recently held in Montreal was one of unusual interest and value. Several speakers from the United States were present. Dr. Holmes, of Cincinnati, spoke on "The Hospital Unit," Dr. Barnhardt, of New York, on "The Nursing of the Insane," and Mr. Sturm, of Chicago, on "Hospital Construction." One of the most practical papers of the conference was given by Dr. Boyce, of the Kingston General Hospital, on the very prosaic but intensely important subject to hospital people—"Noise." It is a thing complained of in practically every hospital, yet never remedied. In New York City one woman, Mrs. Rice, has for years been conducting a quiet campaign for the suppression of unnecessary noise. The inspiration for her campaign was an attack of illness, during which she had been tortured by noise, and she finally resolved that if she did regain her health in spite of the noise she would try to do something to suppress needless noise. Since her work began "zones of quiet" have been established around many of the hospitals. Civic authorities, factory managers, steamboat captains and numerous others in authority, who are in a position to check unnecessary sounding of gongs, blowing of whistles and other disturbances, have been interviewed and co-operation secured, and in a quiet way much has been accomplished. "Zones of quiet" around hospitals are good, but "zones of quiet" inside hospitals are even more necessary. A league for the suppression of noise in hospitals is badly needed. Who will start it? Speaking on the subject of noise, Dr. Boyce said that he thought if the whole number of hospital superintendents had suddenly to change places with the patients and betake themselves to their cots how long would it be before there would be a revolution? Silence as a printed word may be prominent upon our door posts and lintels, but it enjoins a law honored more in the

breach than in the observance. "Have you not heard," he says, "the slamming of the door, the doctor's stentorian 'Good Morning,' the stumbling of the visitor as he slowly mounts the stair, the laughing chatter of some idiotic house surgeon, or sillier nurse, the moaning of the operative, the crying of children, the whistling of the staff, and the thousand other noises which may be within our walls? But let us ask, do we really hear them, or have we become so accustomed to the commotion that it goes on all unnoticed. * * * Judging from the little I could find written on this subject, I think it is one that is neglected both in theory and practice. * * * Can we not all see many ways in which this disturbing factor—'noise'—is preventing the realization of the highest efficiency of our hospitals?"

Dr. Boyce stated that as conditions differed so greatly the problem had to be considered by each institution with its own difficulties in view, but he mentioned a few principles of general application:

First—The site and its surroundings. This should be away from city traffic and not adjacent to factories.

Second—The construction. Hospital architecture had become a science and art by itself. The question of how to eliminate noise should be ever present during construction.

Third—By the rearrangement of departments, even in an old building, much could be done. Obstetrical and children's wards should be in a separate building; ward pantries so arranged that noise from them would not reach the patients. Bells should be replaced by electric signals.

Fourth—The personnel of the staff was the most important of all. The superintendent should teach by precept and example that quietness was one thing needful for every one to observe. The interne with the swelled head, the jocular one who is always trying to provoke the nurses into spasms of laughter, and the one who insists on his right to make as much noise as he pleases, ought to be ban-

ished from hospitals. At least this was the inference. The physicians and surgeons are as noisy as any, but Dr. Boyce does not suggest what measures should be used to reduce these functionaries to order.

Regarding nurses, he says: "Of all the individuals connected with hospitals none can do more to disturb its peace or blast its prospects than the nurses. If after the weeding out done during the probationary period there are those who persist in disturbing the wards by engaging in foolish talking and laughing with house surgeons or visitors, they should be severely reprimanded. One who habitually disturbs her patients in this way does not care for their welfare; hence she will neglect them and doubtless make false records. She is not conscientious and faithful; hence, the sooner the hospital is rid of her the better for all concerned. We all know a great deal may be accomplished in keeping nurses in check by having a faithful, tactful head nurse in charge of the wards. Not only will she have a good effect in this connection, but every one in the ward will do her work in a quieter manner."

In conclusion, Dr. Boyce asserts his belief that by eternal vigilance it is possible to change the atmosphere of our hospitals from that of ceaseless and bustling activity into one of calmness and repose. Wherein even the most fastidious neurasthenic will not find noise a source of irritation and where weary sufferers may in very truth find real rest.



American Hospital Association Convention.

The twelfth annual conference of the American Hospital Association will be held in the convention hall of the Planters' Hotel, St. Louis. Among the papers to be presented are the following:

1. "Relationship of Trustees to Superintendent." Dr. Henry M. Hurd, Johns Hopkins Hospital, Baltimore, Md.
2. "Private Rooms in General Hospitals." Dr. C. Irving Fisher, Presbyterian Hospital, New York City.
3. "The Training of Hospital Superintendents and Heads of Departments." Dr. F. A. Washburn, superintendent Massachusetts General Hospital, Boston, Mass.

4. "Co-operation vs. Individualism in the Care of the Sick." Mr. Bailey B. Burritt, secretary State Charities Aid Association, New York City.
5. "Preparation and Use of Detailed Reports for Smaller Hospitals." Mr. Walter Mucklow, director St. Luke's Hospital, Jacksonville, Fla.
6. "The Education of the Nurse in America." Dr. Richard O. Beard, secretary University of Minneapolis Hospital, Minneapolis, Minn.
7. "The Hospital as a Commercial Factor." Mr. Del T. Sutton, editor International Hospital Record, Detroit, Mich.
8. "Methods of Raising Funds for a General Hospital." Miss Lucia L. Jaquith, superintendent Memorial Hospital, Worcester, Mass.
9. "Hospital Construction in St. Louis." Dr. Wayne Smith, superintendent University Hospital, St. Louis, Mo.

Two special committees will report on subjects of unusual interest at this meeting. The Special Committee on "The Education and Training of Nurse Assistants for the Care of People of Limited Means in their Homes and the Nursing of Patients Suffering from Chronic Diseases" will make a report which will be of interest to hospital workers and physicians in general. The report of the Special Committee on "Bureau of Hospital Information and permanent Secretaryship" will deal with the advisability of establishing a permanent headquarters or office for the association.



A Course in Hospital Administration.

For some time past the authorities of the Methodist Episcopal Hospital, Brooklyn, N. Y., have been considering the establishment of a course in hospital administration similar to that now given at the Grace Hospital, Detroit, and the Massachusetts General Hospital, Boston. Those who are interested in the extension of facilities for training in hospital management will be glad to learn that the course is to be launched this Fall. It will extend over six months and will include instruction in the management of the details in the business office, the office of the supervisor of

nurses and of the various departments of the hospital.

Recently enlarged, the hospital has now a bed capacity of about 250, and is exceptionally well equipped in all its departments. The following departments are maintained: General medicine, general surgery, obstetrics, children's diseases, orthopedics, throat and nose, eye and ear, electro-thermotherapy.

In addition a limited number of post-graduate students will be admitted for special training in practical nursing. This course will be largely elective, so as to meet as completely as possible the needs of the individual nurse and will also extend over six months. The privilege of gaining special experience in the operating room, the diet kitchen and in the care of private patients will be made possible for those desiring it. The obstetrical department is a large and growing feature of the hospital work.

In adapting the general arrangement so as to provide for these changes, the term of the general nursing course for undergraduates has been changed from three years to two years and six months.

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Victorian Order Hospitals.

The annual volume of the Victorian Order of Nurses numbers 136 pages, and is a splendid record of work and progress, and self-denying activity carried on in many places under great difficulty. If there are any who doubt that we have nurses as ready to undertake pioneer work to-day as in years gone by, we would recommend a perusal of the year book of the Order. An important part of the work of this society is the establishing and fostering of hospitals in frontier towns and out-of-the-way places far from large medical centers. Eighteen of such hospitals are now under the care of the society, and a number of others have grown so as to no longer need the guidance and assistance of the order that brought them into existence. These hospitals are located all the way from Harrington, Labrador, on the east coast, to Rock Bay, Vancouver, on the west. Each of these received a grant from the Lady Minto Cottage Hospital fund. Miss Mary Ard Mackenzie is the efficient superintendent of the work of the order, the headquarters being in Ottawa, Canada.

A Golden Jubilee.

It is given to but few people to remain forty-one years as superintendent of a hospital. During the closing week of May a unique celebration took place at Mercy Hospital, Chicago, being the golden jubilee of Sister Mary Raphael, who has been fifty years a nun, and forty-one years superintendent of Mercy Hospital. Pope Pius sent a cablegram with his special blessing. Dr. John B. Murphy and others paid their tributes. The amphitheater was decorated with flags and flowers. After the banquet, Sister Mary Raphael was presented with a substantial purse, to be used for her personal needs and comfort. Dr. Murphy stated that she began her career as a hospital superintendent before the days of aseptic surgery—had seen many patients die of hospital gangrene, and had had to learn how to manage a hospital, then unlearn much, and learn it again in accordance with modern science. Another speaker remarked that her life, like that of Jane Addams and Ella Flagg Young, was an argument for women in high executive offices.

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Notes and News.

The German Hospital, Brooklyn, N. Y., has completed its tenth year and already has far outgrown the present capacity of the building. During the year 1881 patients were admitted to the wards, and 587 accident patients were treated. The operating expenses for the year amounted to \$63,025.94. A large new dispensary building was completed, a mattress sterilizer was installed, a refrigerating plant arranged for and numerous other practical improvements were made. There is urgent need for additional accommodation. Mr. William H. Condon is superintendent, and Miss Ella Kurtz, superintendent of nurses.

A hospital, under the management of the Franciscan Sisters is to be erected in Waterloo, Iowa, this year. Mr. J. H. Temme, who superintends the erection of hospitals for the Franciscan Sisters, will arrive in Waterloo to take charge of the construction as soon as the hospital, now nearing completion in Milwaukee, is entirely finished. There will be 78 private rooms and the building will accommodate 100 patients.

By July 1st it is expected that the new addition to Graham Hospital, Keokuk, will be completed. The hospital is conducted under the auspices of the Methodist Church. Many changes have also been made in the old building. The old signal bell service has been done away with and a modern electric flash light service installed. The new building provides for X-ray rooms, a suite for patients temporarily insane, a splendid operating department, besides many private rooms, making it one of the best equipped of the smaller hospitals in the Mississippi valley.

A tent hospital camp for tuberculosis patients is to be established at Fort Wayne, Ind. The equipment is to be provided by the National Red Cross, from a fund created by the sale of Christmas stamps.

The Indiana State Tuberculosis Hospital, near Rockville, is practically completed, but as the legislature appropriated no funds for maintenance, it may have to remain idle till the next session of the legislative body.

An addition to the St. Barnabas Hospital, Minneapolis, to cost \$54,000, has been begun.

The contract has been let for a \$37,000 addition to the Presbyterian Hospital, Pittsburgh.

The Baldwinville Cottage Hospital is to receive \$15,000 by the will of Martha R. Hunt, of Somerville, Mass.

Bethany Hospital, Kansas City, Mo., is to have a new building to cost \$160,000. The hospital will be built in a five-acre park, will contain 153 rooms and will be, when completed, one of the splendidly equipped hospitals in the Southwest.

The Board of Education will supply a teacher to the Children's Free Hospital, Detroit.

Mrs. A. J. Cassatt, of Haverford, and her children have donated a building to the Bryn Mawr Hospital to be used as a children's ward.

The New England Deaconess Hospital, Boston, has completed its fourteenth year, during which 962 patients were treated. Three hospital needs are at present especially felt: There should be erected a new commodious nurses' home, an administration building and the wiping out of a debt of \$37,000 on the present building.

In the nursing department the hospital co-operates with the Cambridge Visiting Nurses' Association, two or three nurses being engaged in district nursing as a part of their training. Miss Adeliza A. Betts is the efficient superintendent, and Mr. Clarence A. Williams, the well-known specialist in hospital heating, ventilating, etc., is chairman of the Hospital Board.

The Franklin Hospital, Franklin Falls, N. H., was formerly opened January 1st.

Ferris Hall, the new home for nurses and attendants at the State Hospital, Binghamton, N. Y., has been completed. It has accommodations for about 150 persons. The cost was about \$90,000.

The new Jackson Hospital and Sanitarium at Jackson, Miss., has been formally opened.

Dayton, Washington, has opened a hospital with accommodation for fifteen patients. Miss N. Grant, of Joplin, Mo., is to be in charge.

Plans have been accepted for the new Grady Hospital at Atlanta, Ga., to accommodate about 100 patients.

The new Coney Island Hospital has been completed at a cost of \$350,000. It will accommodate 110 patients. A nurses' home, capable of accommodating 100 nurses, is a part of the new plant.

A center building is to be erected at the Central Maine General Hospital, at Lewiston, to cost \$75,000.

St. Luke's Hospital, New York, is to receive a million dollar gift from the estate of the late D. O. Mills.

In the Training School

CONDUCTED BY CHARLOTTE A. AIKENS

Demonstrative Teaching

CHARLOTTE M. PERRY

Some little effort has been made to do away with the expression theoretical as compared with practical, with the idea that as all nursing knowledge is practical, the differentiation leads to confusion. Some would even go so far as to eliminate text-books. But for any craft requiring accurate knowledge we need both, and text-books are necessary for study and for reference. Professionally, our subject matter is very large. It is technical and difficult to the uninitiated, even to high school graduates whose home bringing up has not been what it should be. So that although great stress is to be laid upon the practical element, the technical foundations are also important. When the subject matter for the guidance of Nurse Training schools was first issued there were two classes of objections. Some superintendents of training schools said—we have always taught all those details to our pupils. Some physicians considered that we were crowding and obscuring the mind of the student by a mass of unnecessary and indiscriminating subjects for study. However, as these methods work out on practical lines, as they are shown in their true colors, by rearrangement and definite setting, it is apparent that the good accomplished by these progressive movements toward the better education (not the over-education) of the nurse are being appreciated.

To make our teaching effective, we need certain conditions as well as the improved methods. The latter are valueless without the former. A sort of reaction brought to us for awhile the inferior candidate, as well as a falling off of applicants of the right kind. The forces which lay back of this condition are now coming to light. In the first place, the age itself is responsible for women, who now have so many avenues

opened to them, not selecting a vocation which requires courage and self-sacrifice; though many are realizing that nothing truly noble can be had without struggle, and also that the profession of nursing is richer in opportunity than almost any other pursuit. In applying our methods with inferior pupils, and too few of them at that, we have met another serious obstacle. But there are hindrances to all real advance, and now that enough progress has been made to bring our difficulties clearly before us, we can set about to discover the remedy. The addition of lecture rooms to many training schools, the increase of the teaching staff as well as of the nursing staff, day classes, the refinite arrangement of the working schedule, with set time for study, and the sifting out of undesirable material have done a great deal toward success in carrying out the improved methods.

In this success, demonstrative and preliminary teaching take first rank. It is time saved to the hospital, and to the patient, the avoidance of discomfort, often of trying and fatal mistakes, to gather the probationers into preliminary classes, as is done at the Massachusetts General Hospital in the most satisfactory manner. These new comers are taught not only the practical details of nursing, but personal and public hygiene and ethics, before taking up the work in which they are taught. It is absolutely necessary that the demonstrator be one who thoroughly understands the tradition of the hospital. Innovations work sad havoc with the pupil who is trying to do just as she is taught. If she returns to her ward to receive different instruction from her head nurse, the lessons are worse than lost; for careful habits, which are most necessary, are broken up before they really become established as habit. Sow an

act and reap a habit. But the act must be the same seed, or there will be heterogeneous growth. This makes evident the wisdom of selecting the teachers carefully, of avoiding many changes of instructor. The traditions of any school are the most sacred of all its possessions. Methods must tally with all the members of the teaching staff, if it is to be said of the pupil "a stranger will they not follow."

Public demonstrations before superintendents and members of other schools are of the utmost value. One is recalled at the Sim's Operating Theatre, New York, at the

meeting of several schools throughout the country. New points were carried back and made part of their traditional stock. Too much emphasis cannot be laid upon the desirability of this exhibition of nursing technic in all the training schools—of taking new material and starting it right; of harmony among the teachers; of avoiding, as far as possible, changes in the teaching staff; and of providing suitable lecture rooms, with facilities for demonstrative teaching, where regular classes may be held, and the first instructions clinched, before the prospective nurse starts out on her serious mission.

Institutional Nursing

CHARLOTTE A. AIKENS

The difficulty in securing capable institutional nurses is felt generally throughout the United States and Canada. Superficial observers have attempted to account for this condition by saying: "Nurses do not want institutional positions. Private nursing pays so much better"—a half truth which will be accepted only by those who do not know better. The experience of several different individuals who have attempted to conduct a bureau or agency for supplying nurses with institutional positions shows very plainly that there are plenty of nurses who want institutional positions. In fact, one after another of such ventures has been abandoned chiefly because of the overwhelming numbers of applicants for institutional positions in proportion to the demand. Wherein then lies the difficulty? Like most other difficulties, it has two sides—at least two sides that used to be considered—the institution side and the nurses' side. A nurse on being asked why she gave up her position as head nurse at a certain well-known hospital replied: "The work was too hard, the hours were too long, and the pay was too small." These very same objections have been made, and could be made, in connection with hundreds of other institutions. Added to this is the fact that the institution provides for no advanced course of study or instruction for its head nurses that would widen their knowledge beyond the special department to which they are assigned. It is not unusual to see an advertisement for a head

nurse, offering \$30, \$35 or \$40 a month. On inquiry one will find that the superintendent (or the board) wants and hopes to get for that price a thoroughly trained nurse graduate with "executive ability" and various other desirable qualifications. They will not get and retain capable women at that price. Plenty of nurses will accept such a position as a temporary arrangement. They will gladly accept it if attached thereto is a comprehensive practical course of instruction along some special line—apart from bedside nursing. But it is difficult to convince the capable graduate nurse with executive ability that an average wage of \$1.00 to \$1.50 a day, or less, is a just equivalent for the skilled service demanded of her. When a nurse is an unknown quantity, with her ability and desirability as a head nurse yet to be found out, it is not unreasonable to offer the salaries mentioned for a definite trial period—three months or four months, or six months, perhaps, but with it should come the assurance that if she "makes good" as a head nurse or night supervisor her salary will be increased, she can afford to work for these salaries till she gets some experience. A hundred or a hundred and fifty dollars a year added to the salary of half a dozen head nurses is a mere bagatelle in the total expense of an ordinary institution, say of a hundred beds. The cost of such an institution will run anywhere from perhaps \$60,000 a year up to \$100,000. One thousand dollars more expended, or even less than that,

in many such institutions, and a few additional comforts, would help very largely in solving the head nurse problem. The capable head nurse, who is assigned to one special department, to attend to certain routine duties there day after day, or night after night, can be content to remain, if while performing those routine duties she is able to make a substantial saving for the future—otherwise she cannot, and should not. She can be content to accept a small wage if she is getting a well-rounded, advanced training and experience that will fit her for a position of greater responsibility in the future.

Two or three large hospitals of which I have knowledge have worked out a plan which has very largely removed their difficulty of securing competent head nurses. They give a three year course of training. At the end of two years there are sure to be several nurses in each class who have demonstrated their fitness and desirability along the line of supervisory work. A certain number of these are selected and given the opportunity to take up such work as heads of department, if they will contract to remain with the hospital for two years longer on a definite salary. This makes for those nurses a four-year course—two of which are spent in general bedside work, and two in "executive work" as heads of departments. A general course on hospital and training school administration covering two years is given them. For the first year of this institutional course, which makes their third year of training, they receive, I think, either \$25 a month, or \$30, and for the second year an advance of \$5 or \$10 a month. If they elect to remain with the institution longer, of course they may with their experience and training, but most of them readily find positions as superintendents of hospitals or training schools at a better salary than they could command as head nurses.

Another phase of the head nurse question is the matter of accommodation. In a great many hospitals no special, no better accommodations are provided for head nurses than for probationers. The hospital needs capable trained women in such positions permanently. It expects the head nurse to consider the

institution as her home and keep its interests always to the fore, yet in many places there is a strange lack of "home" comforts such as a refined woman needs, and as head nurses, who are constantly surrounded by depressing influences and perplexing human problems, ought to have.

There is no lack of suitable material for institutional work, or, in other words, of nurses—given a suitable training—who are suitable for hospital positions.

There is rarely a graduating class in a school of moderate size which has not some nurses in whom the authorities see splendid possibilities of development along executive lines. What we lack are proper plans for developing those possibilities and the spirit which is willing to make it worth while for nurses with executive ability to develop, in a well-rounded manner, the powers they possess. The solution of the head nurse or institutional nurse problem rests in the hands of superintendents of hospitals and hospital schools. It demands attention and concerted action on the part of the moderate sized and large institutions. No one else will ever solve this problem for hospital people. It is their job, their responsibility. Others may try to work at it, or play with it, but they alone can work the problem out to a solution.

It would be unfair to suggest that these criticisms apply to American hospitals as a whole, for one will find a diversity of conditions that makes it impossible to "lump" or group hospitals in any one class, or to make sweeping criticisms that apply to institutions in general. In many institutions, both small and large, the head nurses have good accommodations and are fairly well paid. In others there is a more or less irregular procession of head nurses through the institution, and it is not unusual to find that where four graduate head nurses are employed the whole four positions have changed heads in the course of a year or less. At the bottom of the problem will often be found the fact that the nurse wishes institutional work, prefers it to any other line of work, but cannot afford to spend the best earning years of her life for the money that is offered.

(To be continued.)

Book Reviews

Medical Inspection of Schools. By Gulick and Ayres. This book first appeared in October, 1908, and was reprinted in January, 1909, and in December, 1909. It is one of the by-products of the "Backward Children Investigation," a research supported by the Russell Sage Foundation, of which the authors of the book are directors.

Medical inspection of schools has now become so firmly established, here and abroad, as an effective measure in protecting the community, as well as furnishing the physical conditions under which wholesome life can develop, that any argument for its adoption seems unnecessary. It is alike curative and preventive. This is clearly set forth in this contribution by the Russell Sage Foundation. Twelve chapters deal with the various phases of school inspection, viz.: Inspection for detection of contagious diseases, the teacher, the school nurse, physical examination, vision and hearing tests, administrative, controlling authorities, legal aspects of medical inspection, retardation and physical defects. Six sheets, sixty-four forms and thirty-one tables are interspersed in the text, and there are three indices containing "Suggestions to Teachers and School Physicians," "Typical Set of European Blanks and Forms" and "Rules Issued to Medical Inspectors of Schools."

The development of medical inspection has demonstrated the need of school nurses, and in many parts of this country the growth is toward the great expansion of this branch of nursing. Dr. S. W. Newmayer, of Philadelphia, terms the school nurse "the most important adjunct to medical inspection," while in New York the Commissioner of Health says: "The school nurse has been voted a success from the day she began work." Dr. Thomas F. Harrington, of Boston, writes: "It does not seem possible to conceive a more satisfying arrangement or a

more effective piece of school machinery than the school nurse under school supervision." Nurses are rapidly fulfilling the demands, and many training schools have opened courses of instruction on the duties of the school nurse. To quote the book before us: "To sum up the case for the school nurse—she is the teacher of the pupils, the parents, the teachers and the family in applied practical hygiene. Her work prevents loss of time on the part of the pupils and vastly reduces the number of exclusions for contagious diseases. She cures minor ailments in the school and furnishes efficient aid in emergencies. She gives practical demonstrations in the home of required treatments, often discovering there the source of the trouble, which, if undiscovered, would render useless the work of the medical inspector in the school. The school nurse is the most efficient possible link between the school and the home. Her work is immensely important in its direct results and very far-reaching in its indirect influences. Among foreign populations she is a very potent force for Americanization."

The results of medical inspection, as well as the methods for carrying out the work by both physicians and nurses, are all given clearly and graphically. There is no other book so well adapted to the needs of the nurse who is contemplating taking up this branch of public service. As a book of general information on many subjects not treated in the usual medical text-book, the nurse will find this volume most suggestive and helpful. As a means to preparation for work in schools, factories, social service and settlements, such a guide as this book offers is a necessity. The sources of information are the best and the book is prepared with a view of giving to physicians and nurses a concise, accurate view of this new branch of medicine and nursing. We commend the volume highly.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

A Criticism.

To the Editor of The Trained Nurse:

Several of the leading members of our profession here beg of you to enlighten us as to the report of a typhoid case in the country that appeared in the May issue of THE TRAINED NURSE.

Was it a bona fide case, and was the nurse a graduate nurse, and if so, of what kind of a school, and if she received any training was it not some decades ago?

Why does she not study up on disinfection? And why so extravagant? Four granite bed-pans, and six granite urinals for one patient, and the amount of sticky fly paper and mosquito netting! And how could she use six "fly spatters"? We have decided that the \$20.00 she received was ample remuneration for her services. We trust that the valuable and generally truly helpful pages of our TRAINED NURSE will not again bring to us such useless (and to the recent graduates of small schools harmful) matter.

I was superintendent of a typhoid hospital in an Eastern city during an epidemic of typhoid.

AN EASTERN GRADUATE IN A WESTERN TERRITORY.

[Read Miss Nelsen's answer in this number.—Ed.]

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What Would You Have Done?

To the Editor of The Trained Nurse:

In the letter box of the June issue there appeared a criticism of my article on "A Typhoid Case in the Country." I am sending a reply or an explanation which, should you deem the subject worthy of so much space, I would be glad to see appear in the Letter Box.

The criticism affords me both amusement and chagrin; amusement that my critic wrote before she had read understandingly the conditions I outlined and the methods I used; chagrin that I did not write so plainly that not only "he who runs," but she who skips, may read and comprehend.

The article was not written as a "parody

on nursing," nor was it intended to be instructive in the sense of telling how to manage typhoid in the country, but simply as a report of a case which I thought was so unusual in its setting and accompanying conditions as to be of interest. It was a place where the ordinary routine of procedure did not fit at all.

As I review the published account, I can see the possibility of it being understood that I knew no other way of disinfection. My critic asks how I could have missed learning the "sane, easy methods of disinfection taught in the training schools." I think that without egotism I can state that my training and experience have been equal to the average, and it was my very knowledge of the possible futility of the "sane and easy" way that led me to use a sure, if insane, method. Less than a year before I had known of a case of typhoid where the routine chemical disinfection was carried out conscientiously, but a spring, the source of the water supply, became contaminated, with seven cases, one the nurse, and two deaths resulting. Everybody was blamed until, after laboratory tests, the disinfectant was proven inert. A few years ago I was in a hospital where the routine of disinfection for typhoid excreta was to mix with chloride of lime and let stand for a period before emptying in the hopper. An enterprising house doctor experimented with faeces so treated and grew healthy cultures. The method of disinfection was at once changed; the reason given was that the chloride of lime coated the waste pipes. Needless to say the happening was not published broadcast.*

This knowledge, not my lack of knowledge, made me doubt means of disinfection the efficacy of which I must take on faith.

*Perhaps had the writer included in the original article this paragraph of explanation of why she was reluctant to depend on chemical disinfection adverse criticism of the method employed would have been lessened thereby. Nevertheless, we feel she is quite justified in answering her critics with the question, "What would you have done?"

Regarding other criticisms, I feel that a reasonably careful reader will understand from my article why I needed every one of the things I gave in my list. Just for one instance this critic asks why "even in the home of a Rockefeller" would fifty yards of mosquito netting be needed. It wouldn't be needed there. I did need it, in a house where the only attempt at screening was slats tacked across the pantry window to keep cats out. I refer my critic to page 294 of the May issue, to the paragraph about the use of the netting.

The criticism of my associates at the nurses' registry was of so different a character that it seems the written report made a very different impression from a verbal one. The registry criticism was that I was unprofessional in staying on a case where the doctor's attitude was so discourteous; that I ought never to have recognized and carried out a doctor's direction given to a patient; that I should have reported the doctor to the Board of Health for his disregard of sanitation; that it was disgraceful to do the washing; that I should have brought suit to recover full pay for my work, etc.

I believe that I carried out my profession's purport, conscientiously and in the most practical way, all things considered. I would like to ask my critics just what method they would have employed to attain the same results. It is very easy to say. "You ought to have done," "You ought not to have done." Is it quite as easy to answer, "What would you have done?" I leave that question before you.

ANNA R. NELSEN.

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Seventh Day Adventist Nurses.

To the Editor of The Trained Nurse:

The article in the July number by James D. Montgomery on Seventh Day Adventist nurses has been read and reread with very great interest, and I feel "moved" to reply. The first thing I would say is that though the writer evidently aimed to show that the S. D. A. nurses were of a different order from the regular everyday type graduated from other schools, he is unquestionably mistaken in many particulars. They may be "a peculiar people, zealous of good works," but not quite so "peculiar," not quite so different from the rest of us, as he imagines. Hydro-

therapy is taught and practiced in all good schools whether they are S. D. A. schools or not. I felt like saying as I read of some of the differences he claimed: "All these have I known and practiced from my youth up." It looks to me as if the gentleman were trying to attribute the changes in medical teaching and practice for the last ten years to the Seventh Day Adventists. For instance, "Morphia and other drugs are considered good nerve sedatives, but our people only resort to them in extreme emergency. For a nerve sedative it has been found that hot applications to the spine and massage give excellent results." Where is there a training school where those very points are not taught and practiced?

Another illustration: "Calomel," he says, "is considered by the profession at large as an efficient cholagogue, but our nurses regard the hot and cold alternate applications to the area over the liver as more efficient than the chloride and much less dangerous. They also recognize the specific action of certain fruits and use them as occasion may indicate." If a doctor orders a dose of calomel for a patient, will S. D. A. nurses refuse to give it, and prescribe instead the hot and cold applications over the liver? What difference what treatment nurses regard "as more efficient;" have they any right to prescribe them or substitute them for the one the physician orders? From the beginning of nursing nurses have had to give treatments under a physician's order which they, perhaps, did not approve of. It was not their business to approve or disapprove of them, and the bare suggestion of nurses following the example of the S. D. A.'s, as described in the article, would create a revolution in the medical and nursing world in a short time.

Further the writer says: "In the medical creed of this people is an article stating that poisonous drugs are not necessary in the treatment of diseases." * * * The saline laxatives and other drugs are used to induce movement of the bowels, but these nurses have learned to value the enema as more desirable in many ways. Also they are trained to diet for the same results. * * * Acetanilid may be a specific headache remedy, but we find that headache may usually be relieved without resort to this remedy. I wish to ask if the

S. D. A. nurses always nurse for S. D. A. doctors, and if they do not, how far do they go in carrying out the medical creed that poisonous drugs are unnecessary in the treatment of diseases? Also I would like to suggest to the writer that in more than one textbook prepared for nurses and in use in the best schools he will find lists of fruits and foods having a laxative effect, and the dangers of acetanilid as a headache remedy are commonly taught to probationers and to the public at large. I have no quarrel with much of the doctrine the writer wishes to spread, but I object to the suggestion that many of the methods and beliefs mentioned are peculiar to the S. D. A. nurses.

If the author of the article believes that in the use of remedies the company of nurses under consideration work on entirely different lines from those of most other schools, he is wrong. It is true they may put more emphasis on some of these points in S. D. A. schools, but it is largely a question of emphasis, not of discovery, if the methods mentioned are typical of the training in S. D. A. schools.

ANNA W. BARCLAY.

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An Experience in China.

To the Editor of the Trained Nurse:

When the United States soldiers were on duty at Tientsin, China, during the Boxer trouble, the splendid American missionary homes and schools were vacated and used as hospital wards for our sick, wounded and exhausted soldiers during the great ninety-mile march to Peking.

The bombardment of the Chinese forts at Taku Harbor disturbed the Gulf so that the water looked like mud for many miles out from shore.

From distances of more than thirty miles down the Peiho River the bodies of dead Chinese were floating out into the sea. The stench arising from the burning ruins of villages full of dead bodies made life almost unbearable; and through it all we slowly traveled toward Tientsin to the General Hospital. There, on Taku Road, the British soldiers put up an apparatus to boil and filter the drinking water, then selling it to the soldiers. In the United States Hospital small hand-filters were used. After the water had been boiled and filtered, it was placed in large

granite buckets. These buckets were then surrounded by lake ice to cool the water before drinking. This lake ice was found in large cellars in China and was impure, therefore could not be put into the water. From various cities the United States soldiers came to this General Hospital to be cared for as they dropped out of line of duty, by shell or shot or from exhaustion. The patients were put on flat river boats and the Chinese coolies dragged these boats down the river. At one time we averaged more than two hundred patients a day (exhausted).

One day an unconscious patient was carried into my ward in a very feeble condition, with a temperature (by axilla) of 106 degrees, and the pulse 140 beats per minute; face very red, breathing very rapidly, bad breath. He was promptly placed in a cool pack, ice cap to head and abdomen, and his pulse was toned up with heart stimulants, as per surgeon's order.

The patient had been taken suddenly ill while marching, and fell into a stupor, with symptoms of exhaustion from the August heat.

For six hours of faithful work we could see no sign of improvement, when suddenly the patient gave signs of retching, nausea, and then vomited.

In the vomitus were found worms, about nine, all in a mass, as if tied or knotted together in the middle, some nine inches long, some shorter, commonly called "pin worms," often found in impure drinking water, causing symptoms of gastrointestinal irritation. After vomiting, the patient sat up, looked around, and said: "I am hungry."

When the temperature and pulse were taken, both were normal.

The patient was somewhat exhausted, otherwise in good condition. He was placed upon a liquid diet for that day.

The next day, early, he was given the Santonin and Calomel treatment, with good results. For several days after these parasites were found in the defecations. In a few more days the patient was well and reported for duty. After this experience, while on duty in the East, especially in the Philippine Islands, we often cared for patients suffering from worms.

IDA D. LIPPERT.



GRADUATING CLASS, 1910, HEBREW HOSPITAL, BALTIMORE, MD.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

Maryland.

Graduating exercises of the Training School for Nurses of the Hebrew Hospital, Baltimore, Md., were held in the vestry rooms of Madison Avenue Temple.

Six young women received their diplomas. They were: Misses Nancy Alderson Harding, of Virginia; Mary Victor Hinder, Rena McCaig, Lillian Emma Raither, Sadie Carolyn Stewart, of Maryland, and Anna Louise Ligatorie, of Connecticut.

The exercises were opened with prayer by Rev. Dr. William Rosenau, followed by an address on "The Training School" by Dr. Jose L. Hirsh, who spoke of the great decreases in the mortality of the country since the institution of schools where young women are taught to care for the sick. Especially is this true, he said, in the battle with the white plague.

The graduates received their diplomas from Dr. Harry Adler. The address to the graduates was delivered by Dr. L. Ernest Neale, of the University of Maryland.

Vocal and instrumental selections were rendered. Miss Martha W. Row sang, and Miss Fredericka Perlman played the violin. They were accompanied on the piano by Miss Sadie Pearlman. The graduates, with the speakers, were seated on the platform, which was decorated with palms, ferns and orchids. Each nurse carried a large bouquet of daisies tied with the class colors, and wore a white uniform. At night a reception was held at Lehman's Hall, followed by a dance to the graduating class.



Pennsylvania.

The Seventh Annual Commencement of the Mercy Hospital Training School for Nurses, Wilkes-Barre, Pa., was held Tuesday evening, May 24th, in St. Mary's High School Auditorium. The speaker of the evening was Hon. George S. Ferris. The prizes were awarded by Dr. F. P. Lenahan, and the diplomas were

conferred by Mr. E. W. Mulligan. Miss Florence McHale, president of the Nurses' Alumnae, presented the class pin. Musical selections, both vocal and instrumental, added to the enjoyment of the evening. The following comprised the graduating class: Mary Celestine Shields, Margaret Isadore Gill, Ellen Marie Higgins, Anna Pearl Smith, Mildred Elizabeth Bakaitis, Catharine Celestine McDermott, Catharine Hilda McAvoy, Rose Marie Ruff, Mary Florence Desmond, Adeline Mercedes Bonomo, Anna Frances Finn, Anna Agnes Kierns, Marie Catharine Boyle, Bernardine Marie Williams and Hannah Loretto McTague.

The class motto is, "Wisdom, Charity, Prudence."

The graduating exercises of the St. Agnes's Hospital Training School for Nurses were held in the Study Hall of the institution May 12, 1910. There were six nurses who received their diplomas. Dr. B. F. Stahl conferred the diplomas and Sister M. Borromeo, Superioress of the hospital, presented the medals. Drs. Leon Brinkmann and D. J. McCarthy delivered addresses to the class.

The graduates are: Sister M. Augustine, Louise E. Scheid, Anna M. Sullivan, Pearl L. D. Helben, Emma C. Brunner, Petronella M. Fanning.

The graduating exercises of Wilkes-Barre City Hospital Training School for Nurses were held at the Y. M. C. A. Auditorium May 27, at 8 o'clock. The class, which numbered eighteen members, and which was the largest in the history of the hospital, was composed as follows: Misses Olive E. Cast, Irene M. Carle, Gertrude L. Kistler, Anna Thomas, Mary L. Thomas, Mary Carrigan, Anna R. Evans, Isabelle G. Cairns, Edna R. Custer, Myrtle E. Gruver, Hilda G. Mann, Helen M. Search, Elizabeth M. Williams, Laura W. Dersheimer, Ethel E. Driesbach,



GRADUATING CLASS, 1910, MERCY HOSPITAL, WILKES-BARRE, PA.

Mary Keating, Mary E. Manhart, Martha Siley.

A reception at the Nurses' Home followed the exercises.

The Pennsylvania State Board of Examiners for the Registration of Nurses has granted registration to 345 additional nurses. The list, as below appended, illustrates the very general interest which is taken in this movement.

The list shows the following:

Allentown, 5; Danville, 5; Erie, 12; Harrisburg, 8; Johnstown, 8; Meadville, 7; Philadelphia, 120; Pittsburg, 39; Scranton, 15; Uniontown, 5; Wilkesburg, 8; Wilkes-Barre, 9; outside of Pennsylvania, 22.

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Spanish-American War Nurses.

The Eleventh Annual Convention of the Spanish-American War Nurses will be held at Atlantic City, N. J., September 20, 21, 22, 1910, with headquarters, Hotel Chalfonte. The following program and announcements have been sent to members:

Tuesday, September 20.

8 P. M.—Hotel Chalfonte Assembly Room.—Signing the Roster; the President's Address; Minutes of Last Meeting; Informal Reception.

Wednesday, September 21.

Morning—Sight Seeing; Atlantic City Beautiful. 3 P. M.—Business Meeting.

Thursday, September 22.

10 A. M.—New Business. 3 P. M.—Election of Officers; Selection of Next Place of Meeting.

The dates, September 20, 21, 22, have been chosen to enable the Spanish-American War Nurses members to take advantage of the reduced railway rates to the G. A. R. Encampment, which is to be held in Atlantic City at this time. Consult your local ticket agents for details regarding stop-over privileges.

Hotel rates are as follows: Chalfonte, American plan, one room, one person, \$3.50 to \$4.00 per day; one room, two persons, \$6 to \$8 per day. Assembly room free.

Phillips House, American plan, near Chalfonte, \$2.50 and up per day.

New Clarion, American plan, six squares south of Chalfonte, \$2.00 and up per day.

The above hotels will not be overcrowded,

but early reservations should be made through the Recording Secretary, Mrs. Harry Epps, Benning, D. C.

All will be heartily welcomed to this beautiful city by the sea, where we hope to have a large and interesting meeting.

MRS. GEO. LOUNSBERY, R. N.,
President.
MRS. HARRY EPPS,
Recording Secretary.

Kindly report changes of address promptly to the Corresponding Secretary, Miss M. I. Harroun, 1711 Cherry street, Toledo, Ohio.

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Massachusetts.

AN ACT

TO PROVIDE FOR THE REGISTRATION OF NURSES.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same as follows:

SECTION I. Within sixty days after the passage of this act, the Governor, with the advice and consent of the Council, shall appoint a Board of Registration in Nursing, to be constituted as follows: three members of said board shall be nurses holding diplomas from different training-schools for nurses, giving at least a two years' course in the theory and practice of nursing in a hospital, and who shall have had eight years' experience in nursing the sick; one member shall be a physician who is a superintendent of a hospital having a training-school for nurses, and the remaining member shall be the Secretary of the State Board of Registration in Medicine. Said board shall be appointed as follows: one member for one year, one for two years, one for three years, one for four years, and one for five years, from the first day of October, nineteen hundred and ten, and until their respective successors are appointed; and thereafter the Governor, with the advice and consent of the Council, shall, before the first day of October of each year, appoint in the manner aforesaid one person qualified as aforesaid to hold office for five years from the first day of October next ensuing. Vacancies in said board shall be filled in accordance with the provisions of this act for the appointment of the original board, and a person appointed to fill a vacancy shall hold office during the unexpired term of the member whose place he or she fills. Any member of said board may be removed from office for

cause by the Governor, with the advice and consent of the Council.

SECTION II. The members of said board shall meet at the office of the State Board of Registration in Medicine on the second Tuesday of October, nineteen hundred and ten, and annually thereafter, and shall immediately proceed to organize by electing a chairman, who shall hold office for the term of one year. The Secretary of the State Board of Registration in Medicine shall be Secretary of the Board of Registration in Nursing, and shall receive as compensation therefor such sums as may be determined by the Governor and Council, to be paid from fees received hereunder. The said board shall hold four regular meetings in each year: one on the second Tuesday of January, one on the second Tuesday of April, one on the second Tuesday of July, and one on the second Tuesday of October, at the office of the State Board of Registration in Medicine, and additional meetings at such times and places as it may determine.

SECTION III. It shall be the duty of said board, immediately upon its organization, to notify all persons engaged in the practice of nursing the sick in this Commonwealth of the times, places and subjects of the examinations for registration, by publication in one or more newspapers in each county. Application for registration shall be made upon blanks to be furnished by the board, and shall be signed and sworn to by the applicants. Each applicant for registration who shall furnish satisfactory proof that he or she is at least twenty-one years of age, and of good moral character, shall, upon payment of a fee of five dollars, be examined by the said board; and upon such examination, if the applicant shall be found qualified, he or she shall be registered, with a right to use the title Registered Nurse, and shall receive a certificate thereof from the board signed by the Chairman and Secretary. An applicant who fails to pass an examination satisfactory to the board, and is therefore refused registration, shall be entitled, within one year after such refusal, to a re-examination at a meeting of the board called for the examination of applicants, without the payment of an additional fee. Said board, after hearing, may, by vote of a majority of its members, revoke any certificate issued by it, and cancel the registra-

tion of any nurse who has been guilty of any felony or of any crime or misdemeanor in practice of his or her profession. All fees received by the board shall once in each month be paid by its Secretary into the treasury of the Commonwealth.

SECTION IV. Examinations shall be in part in writing in the English language and in part in practical work, and shall include the principles and methods of nursing. Due credit shall be given for examinations in special branches.

SECTION V. Any resident of this Commonwealth who shall make application for registration within one year from the passage of this act, and who shall show to the satisfaction of the board, by affidavit or otherwise, that he or she has actually engaged for five years next prior to the date of application in nursing the sick in a competent manner, or to have had such experience in hospital or training-school as in the opinion of the board to justify registration, shall be registered without examination on the payment of a fee of five dollars.

SECTION VI. The board shall have power to register in like manner, without examination, any person who has been registered as a professional nurse in another State under laws which in the opinion of the board maintain a standard substantially similar to that of this act.

SECTION VII. Each member of the board, except the Secretary, shall receive five dollars for every day actually spent in the performance of his or her duties, and the necessary travelling expenses actually expended in attending the meetings of the board, not exceeding three cents a mile each way. Such compensation and the incidental and travelling expenses shall be approved by the board and paid by the Commonwealth only from the fees paid over by the board.

SECTION VIII. The board shall investigate all complaints of the violations of the provisions of this act, and report the same to the proper prosecuting officers.

SECTION IX. The board shall keep a record of the names of all persons registered hereunder, and of all money received and disbursed by it, and a duplicate thereof shall be open to inspection in the office of the Secretary of the Commonwealth. Said board shall annually, on or before the first day of Janu-

ary, make a report to the Governor of the condition of professional nursing in this Commonwealth, of all its official acts during the preceding year, and of its receipts and disbursements.

SECTION X. Whoever, not being lawfully authorized to practise as a registered nurse within this Commonwealth, does practise or does attempt to practise as a registered nurse, or does use the abbreviation R.N., or any other words, letters, or figures to indicate that the person using the same is such a registered nurse, shall for each offense be punished by a fine of not more than one hundred dollars. Whoever becomes registered, or attempts to become registered, or whoever practises or attempts to practise, as a registered nurse under a false or assumed name, shall for each offense be punished by a fine of not less than one hundred nor more than five hundred dollars, or by imprisonment for three months, or by both such fine and imprisonment.

SECTION XI. The provisions of this act shall not be held to apply to gratuitous nursing of the sick by friends, or members of the family, or to the acts of any person nursing the sick for hire who does not assume to be a registered nurse.

SECTION XII. The board may make such rules and regulations with reference to procedure hereunder as they may deem wise; not, however, inconsistent with the terms hereof, or the laws of the Commonwealth.

SECTION XIII. For the purpose of the appointment of said board and of the registration of persons by it hereunder, this act shall take effect upon its passage, and shall take full effect on the first day of October in the year nineteen hundred and ten.

Exercises in celebration of the twenty-fifth anniversary of the founding of the Waltham Training School for Nurses were held in Waltham on May 25, 1910. During the forenoon the School, the Waltham Hospital, and the Baby Hospital were thrown open to visitors, and there were many who took advantage of the opportunity. At noon lunch was served at the School, shortly after which Dr. Worcester addressed the graduates at a special meeting called at the Cutler House. At three the more formal exercises were held in the church across Main street from the School, after which tea was served in the

vestry, the plans for having tea upon the lawn being given up on account of the dubious character of the weather. In the evening a large reception was held in Maynard Hall, followed by dancing from nine until twelve. Notices of the celebration had been sent to all graduates, and as many as possible attended, some coming from considerable distances. All agreed that it was most enjoyable and inspiring.

At the afternoon exercises Dr. Worcester first gave a short reminiscent talk, telling how an illness of their first student nurse led to the choice of their first superintendent, her sister, Miss Hackett; speaking of the praise accorded Waltham nurses by Dr. Cowles as early as 1890, of his visit to Florence Nightingale five years later, when she advised the sending of nurses into families; of the choice of Miss Macleod to start the Victorian Order of Nurses in Canada on account of the training in district work then given practically only in Waltham; of the new school building, and of the Putnam Home. He then introduced President Lefavour, of Simmons College, who gave his hearty congratulations, and, after a short talk on the economic position of woman and the importance of nursing, paid a warm tribute to Dr. Worcester. Miss Hackett, now Deaconess Hackett, spoke a few words of the early days of the school and the problems then encountered, of the helpfulness of Miss Adams and the other lady trustees, and paid a high tribute to Dr. Worcester. Miss Macleod, the second superintendent, also spoke briefly of the institution, of the preliminary course and of the tea given in the old school building to the people of Waltham that led to the recognition of the need of a new building and to the filling of the need.

President Briggs, of Radcliffe College, gave a splendid address. He began by saying: "Some things commonly done by men, women are telling us that they can do as well, but I have yet to meet the woman who maintains that men can do well the things commonly done by women." Later he said: "Granted that most nurses must be women, what kind of women shall they be? The best in the world. Those who love greatly. No woman is too good for a life that saves lives and comforts living and wipes away all tears from the eyes." And again: "They say it takes a lady to trim lamps. It takes a lady to

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see in sickening details the path to that ideal which elevates drudgery, that inspiration like His who washed the disciples' feet."

Finally Dr. Palmer, of South Framingham, spoke on the inspiration derived by his school from Waltham, giving high praise to the Waltham methods of training and foretelling that Dr. Worcester would go down in history as the father of the new method of training.

In closing, Dr. Worcester expressed regret that Dr. McCormack, at whose house the scheme of starting a training school was first proposed, was unable to be present on account of the very serious illness of his eldest son. He also spoke a few words in acknowledgment of Miss Ann D. Adams's great services to the school, and ended with a brief tribute to Mrs. Worcester.

At Quincy, in the Women's Club House, there was held, on June 15, a council of women's clubs who were employing district nurses.

Dr. Middleton gave a short paper on the value of the nurse there, and needed additions to the work, as seen by the physician. Mrs. Fisher, of Norwood, where the work is quite successful, gave an interesting talk, also two others of her club.

Miss Robinson, the district nurse of Quincy, spoke pleasingly.

Mrs. Williams, chairman of the Health Department of General Federation of Woman's Clubs, gave an account of the tuberculosis work of the State.

Miss Prue, Birthelmstone Club nurse, of Brighton, Mass., gave an account of work there.

Nine towns were represented in the general discussion following. Refreshments were served.

The Governor of Massachusetts has appointed the following persons to act on the new Board of Registration of Nurses: Mary M. Riddle, of Newton, four-year-term; Lucia Jaquith, of Worcester, three-year-term; Mary E. Shields, of Boston, two-year term; George T. Tuttle, M. D., of Boston, one-year term, and Edwin B. Harvey, secretary of the Board of Registration in Medicine.

For some time, the City Hospital at Worcester, Mass., has been experimenting with the question of educating male nurses, with the

hope in time of abolishing the custom of employing orderlies. It is interesting to know that after a trial period extending over many months the training school committee recommends continuing the work of training male nurses—this not from any idea of economy, because the monthly rate of payment to male nurses is about equal to that paid to orderlies—but because more efficient care to the sick is thereby secured. Inasmuch as the field for men nurses after graduation is much narrower than for women nurses, and the experience also that can be provided them more limited, a two-year course has been arranged. A graduate male nurse is to be employed to instruct the men pupil nurses along certain clinical lines, while the greater part of the foundation work for the first year will be taken in regular classes. The solution of the perplexing orderly question lies in education, and there is no question about the wisdom of the decision arrived at in the case cited. The difficulty which has led some hospitals to abandon the attempt has been that of securing enough suitable men to train, but this difficulty can be overcome by paying a more attractive monthly allowance and by giving greater publicity to the facilities for training men that the hospital offers. It is true that a large number of the men who have been trained as nurses have not practised nursing many years. Many of them have become physicians, and they are surely the better physicians for their practical experience and training as nurses. In any case, the sick in the hospital have received better care at their hands than without them, the public has been benefited, and the young man is surely the better for the training and experience he has received.

REPORT CONTINUED.*

Dr. Patch: Mr. Chairman, this question, like most of the others, seems to be one that is rather too big to be answered off hand. In the first place, the beginning of the question rather puzzled me. Is the domestic nurse a necessity? What is the domestic nurse? Is she a domestic or a nurse? I don't know what the asker of the question had in mind, but I suppose he meant some sort

*Continuation of the report of the tenth semi-annual meeting of the New England Association for the Education of Nurses, the subject under discussion being the training school report of the Hospital Association.

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of an attendant. Of course we all understand that there is a great need for attendants, for nurse helpers of some sort, who can be had by poor families, or families in moderate circumstances, and who can do some sort of efficient service. I don't feel at all sure yet how that demand is going to be met. I do think that in a large measure the nursing side of the demand might be met by further extension of undergraduate service. I have always felt that to be a great field as yet practically untouched, the sending out of nurses during the last year of their school work at prices that people in moderate circumstances could afford to pay. The quality of the service would be far in advance of any ordinary untrained service that can be had at present, or that we can expect to get. On the other hand, it would go a long distance toward filling some of the needs that Dr. Worcester has spoken of, that is, in giving the pupil an opportunity to go into the homes of people and learn more fully than they usually can in any other way what social service is. This is a very real experience which nurses should have. Nurses who have had this element in training are always better equipped than those who are trained solely in the wards of great hospitals. But when we come to think of the training of attendants, there are some very serious questions, that is, if we are to speak of the training of attendants in separate schools; it brings up a whole new set of questions as to just what the training shall be, what salary they shall be expected to get and so on.

Then again, how can such a nurse be kept in the sphere in which she belongs? She cannot be; it is utterly impossible. Any nurse who goes out with the understanding that she is going to have \$7 a week will, in the course of time, demand more than that; it won't be more than a year or two before she is getting \$10, \$12 or \$15 a week. And yet she has had practically no training as a nurse. I question if the plan of training attendants can be made a success largely for these reasons. At present we have a number of registries that send out attendants, but the service is most unsatisfactory; the majority of those nurses have failed, for one reason or another, in training schools. They have gone into the schools, taken a few months, and been turned down; they then go into the registries and register as untrained

nurses, and receive anywhere from \$5 to \$15 a week; but my experience with such nurses has been unfortunate, and I think the experience of most of us would be similar. They are not efficient nurses; they have personal disabilities or something, as a rule, that unfits them for good nursing service; and I feel sure that the training of attendants would be followed by a long list of similar difficulties.

And then, too, because people are poor does not signify that they want poor service, or that they should be given poor service. In the majority of instances they need the very best service; that is, they need nurses who not only have had a good deal of training, but who have the qualities of mind and heart that make it possible for them to enter into the lives of these people and see what they need, and do as good work as if they were getting \$25 or \$30 a week. So it seems to me if the schools of to-day could be augmented, if they could have a larger number of pupils, if further inducements could be made for a good class of women to enter the service, and a certain proportion of them could be used, particularly in the cities, in undergraduate work outside, the service that could be given to the community would be almost unlimited. Of course that means an endowment for the school, but why should not nursing schools, as well as other schools, be endowed? They need it; the opportunity is here, and there is a constant demand on the part of the public for the work these women can do. Now, if this can be made prominent enough so that those who have the means to endow such schools can be brought to see the necessity, I believe that the work can be accomplished; but, of course, it can only be accomplished through constant agitation and through the working toward some definite aim.

Now, this report, for instance, is a definite report, and to my mind it is one of the best things that has ever been put forth. We should certainly from this be able to define what a training school is, what constitutes a training school for nurses.

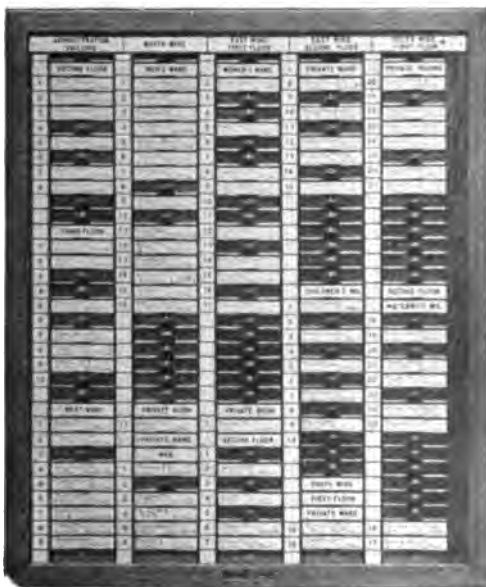
Schools, as well as nurses, should be registered. It is important that we know where pupils graduate, what sort of service and opportunities they have had. Perhaps in the course of a few years the whole thing may become systematized to such an extent that

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The graduating exercises of the Danvers Hospital Training School were held June 27. The feature of the program was the address to the graduates by the retiring superintendent, Dr. Charles W. Page, who spoke on the newer and more humane methods in the care of the insane. Brief remarks were made by Dr. Henry M. Swift, and the valedictory was given by Miss Lillian E. Scott. Mr. S. Herbert Wilkins, chairman of the Board of Trustees, presented diplomas to the following young women: Marie Ivarson, Mary Lillian Kerans, Vinora McClure, Minerva Pamela Paquet, Lillian Ethel Scott.

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Changes in Navy Nurse Corps.

APPOINTMENTS:

Maude L. McKennie, graduate of the Brooklyn Hospital Training School; Tella B. Erwin, Lakeside Hospital, Cleveland, Ohio; Mary R. Gillette, University Hospital, Philadelphia, Pa.; Lily E. White, St. Vincent's Hospital, Norfolk, Va.; Ruth R. Kuhn, University of Maryland Hospital, Baltimore, Md.

TRANSFERS:

From the Naval Hospital, Norfolk, Va., Thomasina B. Small, to the Naval Hospital, Mare Island, California, and Mary C. Nelson, to the Naval Hospital, Brooklyn, N. Y. From the Naval Medical School Hospital, Washington, D. C., to the Naval Hospital, Norfolk, Va., Sara M. Cox and Sara B. Myer.

ESTHER V. HASSON.

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Changes in Army Nurse Corps.

APPOINTMENTS:

Joan R. Annand, graduate of Watertown City Hospital, Watertown, N. Y.; Minnie E. Kuehl, Grace Hospital, Boston, Mass., post-graduate of Bellevue Hospital, New York City; Etta M. Staub, Episcopal Hospital, Philadelphia, Pa.

REAPPOINTMENT:

Mary E. Nagle, Erie County Hospital, Buffalo, N. Y.

DISCHARGES:

E. Marie McGinty, June 9, 1910; Maude A.

MacLellan, June 15, 1910; Alice G. Mahoney, June 17, 1910; Francis M. Steel, June 21, 1910, Bessie C. Osbaugh, June 19, 1910.

TRANSFERS:

From General Hospital, San Francisco, to Ft. Bayard, New Mexico, Victoria E. Armstrong, Leonora Bricker, Mary C. Jorgensen and Mrs. M. Virginia Himes. From General Hospital, Ft. Bayard, to San Francisco, California, Josephine Anslyn, Louise Rohlfis and Emma Woods. From San Francisco to Philippine Division, on Logan, June 6, 1910, Dollie Ann Bowzer and Mrs. Adjie H. Chapman.

JANE A. DELANO,
Superintendent Army Nurse Corps.

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New York.

The Frederick Ferris Thompson Hospital, of Canandaigua, was the scene June 8th of a large gathering of people, including physicians, county officials and invited friends of the members of the first class of graduates of the Hospital Training School. The exercises were interesting and appropriate.

After prayer by the Rev. Livingston L. Taylor, the Hon. Robert F. Thompson made an address in which he exalted womanhood and motherhood.

The address to the graduating class was delivered by Dr. John H. Jewett, chairman of the Executive Committee of the hospital.

Rev. Rogers Israel, D. D., of Scranton, Pa., was the next speaker.

After paying tribute to the Memorial Hospital and to the devoted and able work of the superintendent, Miss Kraemer, he addressed a few earnest words to the members of the graduating class, dwelling particularly upon the duty of faithfulness. He then gave them the impressive pledge with which they enter upon their work.

Diplomas and pins were presented to the members of the class, with brief but appropriate words, by Mr. Edward G. Hayes, president of the Board of Directors of the hospital, and Dr. Israel pronounced the benediction.

A delightful feature of the exercises were several selections of music rendered by the Ludwig Schenck Orchestra, of Rochester.

The class thus graduated was made up of the following named young women: Margaret F. Bradley, of Scranton, Pa.; Caroline E. Nicholson, of Chapin; Mary G. Savage, of

There's No Mystery

about the composition, methods of preparing, indications for using and effects of the now widely known and generally appreciated **special food**,

Grape-Nuts

It is made of wheat and barley (malted), a little dry yeast, a "pinch" of salt and pure water from deep artesian wells on the factory premises.

These ingredients are mixed (by machinery of "immaculate cleanliness"), baked in the form of huge loaves of most enticing flavor; sliced (by machinery) and **baked again** until rock-hard; then ground (by machinery) into the commercial "granules"—**Grape-Nuts**.

In baking, a large portion of the starch is transformed into **dextrin** and **dextrose**.

Thus the physician has at his command a "concentrated, sterilized food" of agreeable flavor and of the utmost availability in all conditions requiring prompt and efficient nutriment.

The "**Clinical Record**," for physician's bedside use, with name stamped in gold letters on cover, will be sent to any physician who has not already received a copy. Also pre-paid sample box of Postum and Grape-Nuts for clinical experiments.

Postum Cereal Company, Ltd., Battle Creek, Mich., U. S. A.



Seneca Falls; Edna N. Hicks, of Phelps, and Grace L. Stock, of Washington, D. C.

The Alumnae Association of the School of Medical Gymnastics and Massage, New York City, had its closing meeting for the season in June. The meeting was large, and a beautiful alumnae pin was selected. The graduates are conducting the hospital and school clinics during the Summer months.

The Fall class opens September 6.

The members of Camp Roosevelt were entertained on the afternoon of Thursday, July 7, at the home of Miss Edith Abrams, 115 West One Hundred and Twenty-seventh street. After the regular business meeting a social hour was spent and refreshments served by Mrs. Abrams in her always charming, hospitable way. The next meeting will be held on August 4 at 596 Lexington avenue, notices of which will be sent out. All S. A. W. nurses are cordially invited to be present.



Vermont.

The annual meeting of the Fanny Allen Graduate Nurses' Association was held at the hospital in Winooski, Vermont, on Tuesday, June 14.

The meeting was called to order by the president, Sister McDonald, and the usual routine business transacted. The reports of the secretary and treasurer were read and accepted, and showed the association to be in a flourishing condition.

Dr. Lyman Allen, secretary of the hospital, gave a very interesting and instructive talk "On the duties of the nurse in private work."

Unity was the subject treated briefly by Sister McDonald, the president of 1909-1910.

The election of officers followed, and Miss Margaret Connors, Class of 1903, was chosen president; Miss Anna Kingston, 1905, vice-president; Mrs. Rose A. Lawler, 1907, secretary (re-elected), and Rev. Mother Steere, the Superior of the hospital, treasurer.

Miss Blanche Parker, in a graceful little speech conveying the love and good wishes of the association, presented a large bunch of flowers to the retiring president, Sister McDonald, and the secretary, Sister M. Collins.

A social hour followed and a most beautifully prepared luncheon was served by Miss Sarah T. Whitmarch, Miss Alice Flynn, Miss Alberta Thomas and Miss Gertrude Donovan.

The meeting adjourned, with expressions of enjoyment and good will from all present, to meet in 1911.

The Graduate Nurses of the Fanny Allen Hospital, in Winooski, Vermont, met at the home of Mrs. O. P. Joly, No. 18 Asit Place, and showered Miss Anna Kingston, a most popular young nurse, with a number of really beautiful gifts in honor of her approaching marriage with Doctor Leo Larnier, of Hinesburgh, Vermont. The band then took possession of the bride-to-be and escorted her to Dorn's Cafe, and Miss Kingston will remember for many years not only the banquet spread out for her enjoyment, but the heartfelt toasts for her future happiness and welfare, and as a further reminder the nurses will present her with a flashlight picture of the merry group. Miss Kingston is a graduate of the Fanny Allen Hospital Class of 1906. Dr. Larnier is a graduate of the University of Vermont.



Connecticut.

The Graduate Nurses Association of Connecticut held its seventh annual meeting at Wright Hall, Hartford, on May 4. The meeting was called to order by Miss M. J. Wilkinson, president, at 3 p. m., after which the reports of the secretary and treasurer were read and accepted. The report of the chairman of the Membership Committee showed great activity on the part of this committee, a large number of new members having joined the association during the year.

After the president's address the following officers were elected for the ensuing year: President, Miss M. J. Wilkinson, Hartford; First Vice-President, Mrs. I. A. Wilcox, Pine Meadows; Second Vice-President, Miss E. A. Somers, Waterbury; Secretary, Mrs. Winifred Ahn Hart, Bridgeport; Treasurer, Miss Marcella T. Heavren, New Haven; chairmen of the standing committees: Ways and Means, Miss R. I. Albaugh, Pleasant Valley; Printing, Miss Fitzgerald, Hartford; Membership, Miss A. H. McCormac, Hartford; Legislative, Mrs. E. B. Lockwood, Granby.

Following the introduction of the new officers to the members, the meeting was adjourned, and at 6 p. m. the first annual dinner was held, twenty-seven members being present, every one voting the affair a great success.

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POST-SEPTIC ANEMIA resulting from the blood devitalizing influence of a constitutional septic infection, requires timely and well-directed hemogenic treatment

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A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

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Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

Red Cross.

At a meeting of the New York State Committee on Red Cross Nursing Service, held at the Central Club for Nurses, 54 East Thirty-fourth street, June 21, the following nurses were appointed members of the Manhattan local committee: Mrs. E. G. H. Schenck, chairman; Mrs. C. V. Iwiss, Miss A. Charlton, Miss Elsie Patterson, Mrs. F. Brockway, Miss A. Ward, Miss Blackman and Miss Rose Johnson, secretary.

The following nurses have been appointed members of the Brooklyn local committee: Miss E. Dewey, chairman; Mrs. M. L. Rogers, Mrs. E. Ward, Mrs. A. Henricksen, Miss Bertha Cooper, Miss M. O'Donnell, Miss Horrocks, Miss Wall, Mrs. C. G. Stevenson and Miss Anna Davids, secretary.

The Brooklyn local committee will have charge of all enrollments and Red Cross work on Long Island. The Manhattan committee will attend to all other enrollments and work throughout the State until the up-State committees are appointed.

Miss Rye Morley has been obliged to resign from the State Red Cross Committee owing to ill health, and Miss Kate I. Kennedy, of Buffalo, has been appointed in her place.

The New York State Committee on Red Cross Nursing Service recommend all alumnae societies to appoint standing Red Cross committees to keep in touch with Red Cross work and to secure the enrollment of their members in the Red Cross.

At the last meeting of the State Red Cross Committee the secretary was authorized to write to the National Committee, Washington, for instructions as to the desirability of undertaking medical emergency work during parades and large public meetings.

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Personal.

Miss Inez C. Lord, of the Lowell (Mass.) General Hospital, has been appointed superintendent of nurses at the Rhode Island Hospital, Providence, R. I. Her term of office begins September 15.

Mrs. Maude Horner has resigned her position as superintendent of the Woman's Hospital, Detroit. Miss Sydenham Melville, formerly assistant supervisor of nurses at Ann Arbor, Mich., and later assistant superinten-

dent at Columbia Hospital for Women, Washington, D. C., has been appointed to fill the vacancy. She assumed her new responsibilities June 1.

Miss Robina Stewart, superintendent of nurses in Allegheny General Hospital, Pittsburgh, Pa., has been selected as successor to Miss Snively as superintendent of the training school of the Toronto General Hospital. Miss Stewart is a Canadian, her home being in Guelph, and she is a graduate of the Johns Hopkins Hospital Training School for Nurses, where she served for some years in charge of the private wards.

Miss Clara D. Noyes, superintendent of St. Luke's Hospital for the past nine years, has resigned to take the superintendency of the training school for nurses of Bellevue and allied hospitals of New York City.

Miss Mary A. Samuel has resigned her position as superintendent of Roosevelt Hospital, New York City.

Miss Pauline L. Dolliver has been appointed registrar of the Central Registry of New York City.

Miss Anna L. Alline has been appointed superintendent of the Homeopathic Hospital, Buffalo.

Miss Lavinia L. Dock has announced her intention of putting aside everything but her journal and council work and devoting all her efforts to securing votes for women. Miss Dock believes this to be the only way to defeat the arch-enemy, man.

Miss Mary C. Wheeler who for the past eleven years has served as superintendent of Blessing Hospital, Quincy, Ill., has tendered her resignation to take effect June 1.

It has been said of Miss Wheeler that she has been an inspiration to her nurses as well as an instructor and has set them an example that they will never forget. Her executive ability, her remarkable energy and untiring industry, her close attention to details, and her warm, sympathetic nature have been felt in every department of the hospital, and the

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its recognized place in the treatment of all forms of functional debility. ¶ When other tonics fail or are contra-indicated for one reason or another, GRAY'S GLYCERINE TONIC COMP. may be freely used with the constant assurance that its effects will ever be restorative and reconstructive—never harmful or injurious.

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patients as well as the doctors, nurses and servants have realized the personal charm and rare influence of this capable woman, who has become so closely identified with Blessing Hospital that the Board of Managers are loath to have her go.

Miss Lillian M. Rose, of Farmland, Ind., had been selected as successor to Mrs. Lillian Edgerly as superintendent of the hospital and training school at the State Soldiers' home, Lafayette, Ind.

Miss Pearl Sturm has been appointed head nurse at the Logan Hospital, Logan, West Virginia.

The Macon City Hospital is to have a new superintendent of nurses in the person of Miss Moran, of Philadelphia, who has been elected to that position. Miss Moran comes from the Philadelphia Hospital, where she has held the position of head of the operating room.

Miss Mary E. Gompper, graduate of the South Milwaukee Hospital, South Milwaukee, has accepted the position of head nurse of the Grand Forks County Hospital, Arville, N. D.

Miss A. F. Pehrson, graduate 1908, Washington Park Hospital, Chicago, is now head nurse at Mercy Hospital, Kansas City, Mo.

Miss Bessie L. Dickson, graduate '05, Chicago Polyclinic Hospital, Chicago, has accepted the position of head nurse of the Fannie C. Paddock Memorial Hospital, Tacoma, Wash.

Miss Clara L. Gross, graduate of Luth Hospital, St. Louis, Mo., has accepted the position of superintendent of nurses of the Fairmont City Hospital, Fairmont, Va.

Miss Norma Courts, graduate 1909, of Mary Thompson Hospital, Chicago, has accepted a position at the Chicago Home of the Friendless.

Resolutions.

At the last meeting of the Alumnae Association of the Metropolitan Hospital Training

School, New York City, announcement was made of the death of Miss Cara J. Kenyon, of the class of 1899. A committee was appointed and prepared the following resolutions:

Whereas, It has pleased God in His all wise Providence to remove from our midst our beloved friend and co-worker,

Resolved, That we, the members of the Alumnae Association, have sustained in her death the loss of a valuable friend and loyal member, and that we tender her family our sincere sympathy.

Resolved, That a copy of these resolutions be sent to the family and to the nursing magazines.

KATHERINE A. DILLON, R.N.

HELENE D. BENGTSON, R.N.

Committee.

Died suddenly, at Trafford, Pa., June 8, 1910, Miss Martha McDeavitt, a graduate of the Columbia Hospital Training School for Nurses, Pittsburg, Pa., class of November, 1909.

Whereas, It has pleased Almighty God to remove from amongst us our beloved associate, Miss Martha McDeavitt, one of our most esteemed and useful members, one who was ever willing to help the work of the association, therefore, her loss will be deeply felt by its members. Therefore, be it

Resolved, That the members of the Alumnae Association of the Columbia Hospital Training School for Nurses tender to the relatives of our deceased member their heartfelt sympathy. Be it further

Resolved, That a copy of these resolutions be sent to her bereaved family, placed on the minutes of this association and published in the Trained Nurse.

LILLIE YOUNG, R.N.

MARGARET E. GRAHAM, R.N.

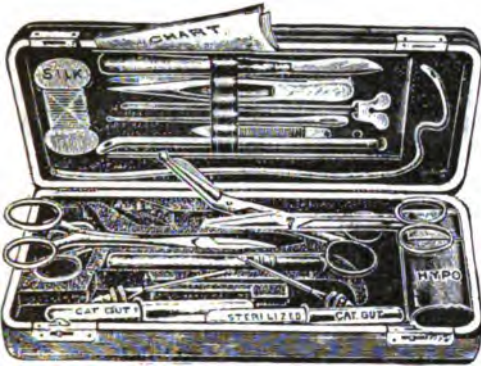
MARY E. JONES, R.N.

+

Obituary.

The death of Miss Grace M. Norman at the Levering Hospital, Hannibal, Mo., March 31st, was the first fatality that has ever occurred to a nurse at that institution. Miss Norman underwent an operation for appendicitis recently, and while the conditions were favorable at first, there was a sudden change which resulted in her death.

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Consisting of 1 hypodermic syringe, latest, all metal, with 2 needles and 4 vials for tablets, in aluminum case; 1 nail file, 1 scalpel, 1 dressing forceps, 1 grooved director, 2 probes, 1 female metal catheter, 2 saline infusion needles, 1 soft rubber catheter, 1 Wooster's heat thermometer, 1 5½-inch angular bandage scissors, 1 4¼-inch scissors, 2 Jones haemostats, 2 tubes of sterilized catgut, 6 surgical needles, 1 card of silk and clinical notes, which are kept in compartment in rear of the instruments.

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I HEAR you anywhere in the room; why, I could not hear ordinary conversation one foot away. I have had the Acousticon now for nearly a year and it is all in all to me. Gold could not buy it if I could not get another."

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After making a glace frosting, dissolve one ounce of Walter Baker & Co.'s Premium No. 1 Chocolate in a cup, and put it with the frosting, adding also a tablespoonful of boiling water.

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For irregular menstruation, amenorrhea, dysmenorrhea, etc., this product has worked a revolution in the treatment of this class of diseases. Despite the fact that it contains neither narcotics, opiates nor analgesics, it possesses remarkable properties for the relief of pain.

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The metal cap that covers the cork protects the product. One teaspoonful contains about 90 grains of the effervescent salt. The adult dose ranges from one to four teaspoonfuls (90 to about 360 grains).

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Arrow Brand Linseed Oil Soap.

It is the only cleaner that should ever be used on linoleum and oilcloth. Linseed oil is one of the principal ingredients of linoleum and oilcloth, and when ordinary soap, made from animal fat and containing an excess amount of alkali, is used the alkali attacks the linseed oil, causing the material to be-

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Examinations both practical and theoretical are required at the end of the course.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

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Maintain Nervous Poise.

In approaching maternity cases, the maintaining of nervous poise presents such a problem that ordinary means are out of the question.

On account of this the use of a malt extract has come to be regarded as the "great deliverer" during this trying period.

Of course, having a reputation to guard, one wants to be sure that one is prescribing a reliable brand. On this account it is no wonder that nine of every ten practitioners specify Pabst Extract, the "Best" Tonic, for it has stood for fifty years for all that is pure, clean and uniform.

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Thalosen (Abbott).

Each tablet contains one grain of phenolphthalein with senna and sulphur in correct proportions, in an aromatic base. For convenience it is segmented into quarter doses. Whether it is because a refined grade of the drug is used in its making, or because of the

presence of synergistic drugs, we do not know, but Thalosen is certainly more satisfactory in its action than the phenolphthalein laxatives that have come from other sources. In this combination one grain of phenolphthalein seems to go farther and operate more completely and regularly than twice the dose of this drug given alone or in other combinations.

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Use It Every Day.

Dr. Frank Billings, in a statement before the Committee on Manufactures of the United States Senate, in speaking of Borax, says: "As far as its medicinal effect is concerned, we use it in medicine, outside of surgery, very much for the purpose of neutralizing acids and cleansing surfaces. I use it every day, for instance, in stomach disturbances, washing out stomachs, putting from 1% to 5% of it in water to render the water slightly alkaline and to remove the mucus from the surface of the stomach, and also to neutralize the acids—any abnormal acid which may be there—and I use it with impunity."

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More and More In Demand.

Postum, the now quite famous breakfast beverage made by a special process from clean, hard wheat, is more and more in demand by those who find discomfort from the use of coffee. After all, why use a beverage like coffee and tea, both of which contain a true habit-forming drug—caffeine? When Postum is thoroughly boiled and is served with cream it is often impossible to detect the difference between it and coffee. Yet it contains no coffee or other harmful substance, being made, as above mentioned, of wheat, including the bran-coat which contains the valuable mineral matter (phosphate of potash) so essential to cell elaboration. But Postum is not agreeable unless boiled according to directions in package—at least 15 minutes and serve hot with cream.

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Sturm Signal System.

There is but one perfect hospital signal system. This system was devised by Meyer J. Sturm, hospital architect, for use in the hospitals and institutions designed by him for the purpose of calling nurses and attendants.

There can be no confusion of calls with

20 MULE TEAM PRODUCTS

For the Nursery and Sick-Room

BORAX is one of the mildest antiseptics known; in fact it is comparatively the only one known that is wholly safe to use in the sick room. Therefore, it can be used in the place of more powerful antiseptics, which are frequently the cause of poisoning a patient.

Borax can be used indiscriminately in the sick room for softening water with which to bathe the patient, and for thoroughly cleansing bed linen, soiled garments and utensils.

A boric acid solution is cooling and soothing for the eyes, for inflamed cuticle or the mucous membrane. Boric acid spangles are the best to use for making a solution. Boric acid in a powdered form is unsurpassed as a dusting powder.

20 Mule Team Borax, Boric Acid and Spangles are all packed in convenient cartons for the nurse to handle. The 20 Mule Team Brand is always a guarantee of purity.

Write for our "Magic Crystal" booklet—free on application.

PACIFIC COAST BORAX CO.

New York : Chicago : : Oakland



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Would a quiet, efficient and unobtrusive assistant be acceptable to you during the long, nerve-trying hours of duty—an assistant that would relieve you of one-half the routine part of your work?

The R.R.R. helps for nurses will render you just such assistance—every one is a specialist in its own particular field, meeting every requirement of modern nursing.

One of these helps is shown in this advertisement—

The R. R. R. Thermometer Set—Mouth, Rectal and Bath Thermometers

In a Combination Case

that will insure your readiness for all thermometer emergencies. It will **PAY YOU** to know about the R.R.R. method of replacing broken thermometers.

The R.R.R. helps also include charts for every purpose—bed-side, maternity and T. P. & R.—and the **READY REFERENCE REGISTER**, the history of your own personal experiences.

You are entitled to a free and complete set of samples of these "Silent Sick-room Assistants;" to get them just write "Please send samples of the R.R.R." over your name and address on a postal. Address the postal to

THE READY REFERENCE REGISTER

Herald Building

WATERTOWN, N. Y.

**THE
PIN
DENOTES
THE
QUALITY**



Patent Applied For

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this system. No mistakes can be made. It is positive and quiet. There are no bells, annunciators, drops or miniature lamps. All signalling is done by ordinary electric lights operated from the bed of patient. Signal lights cannot be turned off except by nurse or attendant going to the bedside of person who called. Pilot lights cannot be extinguished until all calls on any floor have been answered.

See advertisement in this issue.

THE RELAY SIGNAL COMPANY,
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If figures really talk, we must certainly believe that mechanical treatments of all descriptions are growing, not merely in the favor of the laity, but also in the favor of physicians and hospitals. Almost 10,000 mechanical treatments were given in the last year at this institution alone, and nearly 400 of our graduates have accepted institutional positions either to take charge of the mechanical departments at hospitals and sanatoria, or as instructors to the nurses in the various branches of Mechano-Therapy.

The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Inc.), 1711 Green street, Philadelphia, Pa., offers to earnest men and women a carefully prepared and most complete course in the Swedish system of Massage, Medical, Corrective and Educational Gymnastics, Electro and Hydro-Therapy, also embracing the subjects of Anatomy, Physiology and Pathology as far as required for this line of work.

The students do not only get a thorough practical and theoretical course in the branches mentioned but are sent to the leading hospitals of the city to give such treatments to patients in the nervous and orthopaedic dispensaries.

Upon completing the course, lasting three months, the institute assists its graduates in obtaining institutional positions, as well as private work, and particularly in the last year the call for competent graduates has been far in excess of the number of available applicants.

It is needless to say that this profession is dignified and remunerative, and any one interested in taking a course will find it to their advantage to inquire further into the matter

by asking for an illustrated prospectus containing the necessary particulars.

The Summer classes open July 12. The Fall classes will open in two sections, on September 21 and on November 17. The Winter class opens January 10, 1911.

Kindly address all communications to Max J. Walter, Superintendent.



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In every hospital there is the need of a practical registering device, not only for the recording of patients, but also to keep track of the coming and going of nurses and physicians.

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The Hospital Patients' Register is so constructed that all information regarding the various patients can be seen at a glance, while their "In and Out" registers for physicians and nurses are most simple in operation and cover all requirement.

The pocket of the nurses' "In and Out" register accommodates a card sufficiently large to permit of a synopsis of each case being written on the lower half of the card, the card pockets of the board being so arranged that when the card drops into the pocket only the upper portion of the card showing the nurse's name appears to view, the lower portion of the card dropping out of sight. Thus to the casual observer, the only information that appears to view is the name of the nurse, and only those authorized to take the card out of the pocket would be in a position to know the nature of the case.

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Full particulars will be cheerfully furnished upon request. Communications should be addressed to the Universal Register Company at their main office and factory at 1409 West Jackson Boulevard, Chicago, or their branch office at 92 Centre Street, New York.



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When Baby is not gaining, the food ought to be changed and quickly.

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On request we will gladly send to any mother, free, ten feedings of Eskay's and our helpful book, "How to Care for the Baby."

SMITH, KLINE & FRENCH CO.
436 Arch St., Philadelphia, Pa.



The Publisher's Desk

The Trained Nurse and Hospital Review

A Monthly Magazine Devoted to Trained Nursing in Private Practice and in the Hospitals of the Country

Editor

ANNETTE SUMNER ROSE

LAKESIDE PUBLISHING COMPANY
PUBLISHERS

OFFICE—114-116 East 28th St., New York City

THE TRAINED NURSE

has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puffs no humbugs, and does not take half its space to tell how good the other half is.

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Entered as second-class matter at the New York Post Office, March 14th, 1901.

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TO CONTRIBUTORS.—We pay liberally for all Original Articles.

Exclusive publication must be insured to all contributions offered to the Editors. Rejected manuscripts will be returned if stamps be sent for this purpose.

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Illustrations for articles are particularly solicited. All expense for drawings, plates, etc., will be borne by the publishers.

No responsibility is accepted by the Editors or publishers for the opinions of contributors, nor are they responsible for any other than editorial statements.

Books and monographs will be reviewed promptly. Short, practical notes upon personal experiences or brief reports of interesting cases, with results from remedies, new or old, will be welcomed.

The Editors and printers will greatly appreciate the courtesy of having all manuscript typewritten; or, if this is impossible, clearly written, great attention being given to proper names and medical terms.

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Awaiting Review.

We regret that lack of space has prevented us from reviewing a large number of exceedingly interesting books now on hand.

Among others are:

Emergency Surgery for the General Practitioner, by John W. Sluss, A.M., M.D., Professor of Anatomy, Indiana University School of Medicine; formerly Professor of Anatomy and Clinical Surgery, Medical College of Indiana; Surgeon to the Indianapolis City Hospital, Surgeon to the City Dispensary, member of the National Association of Military Surgeons. Second edition, revised and enlarged, with 605 illustrations, some of which are printed in colors. Price \$3.50.

How to Become a Nurse. The Nursing Profession. How and Where to Train. Being a guide for trained nurses in their work and to training for the profession of a nurse, with particulars of nurse training schools in the United Kingdom and abroad and an outline of the principal laws affecting nurses, etc., edited by Sir Henry Burdett, K. C. B., K. C. V. O. New and revised edition, thirtieth thousand. Price \$1.00. Scientific Press, London, England.

The Midwife's Pronouncing Dictionary of Obstetrical and Gynecological Terms, edited by Henry Robinson, M.A., M.D., Anaesthetist to the Cancer Hospital and to the Samaritan Hospital for Women; late Resident Obstetric Officer at St. George's Hospital, etc. Price 50c. Scientific Press, London, England.

Cosmetic Surgery. The Correction of Featural Imperfections, by Charles C. Miller, M.D. Second edition, enlarged. Price \$1.50.

Health in the Home, a practical work on the promotion and preservation of health, with illustrated descriptions of Swedish gymnastic exercise for home and club practice, by E. Marguerite Lindley, Lecturer on Health-Culture. New and revised edition. Price \$1.00.

All of these are for sale by the Lakeside Publishing Company.

The Trained Nurse and Hospital Review

VOL. XLV.

NEW YORK, SEPTEMBER, 1910.

NO. 3

The Responsibilities of Your Vocation *

JOHN C. MAC EVITT, M. D.

President of the Medical Society of the County of Kings, New York.

HOW typical of your hospital life has been the month through which we have just passed, April—filled with sunshine and shadow. How auspicious for these gladsome exercises is the present month, May—radiant May, with its genial air tintured with the perfume of flowers, crimsoning the blood, sending it laden with buoyant hopes riotously coursing through your veins, its subtle energy lending elasticity to your step and animation to every movement. All nature is singing a pean of joy—Hymn of Awakening, and you to-night are singing the prelude to a new existence. Rejoicing with you and appreciating the honor that has been conferred upon me of extending to you a congratulatory greeting and a parting benediction, I confess to a feeling of trepidation, a fear lest I should strike some jarring chord to mar the symphony—to a feeling of embarrassment equal in intensity to that of the good old Methodist preacher, who, having entered his pulpit, placed the roll of manuscript containing his sermon in a convenient knot-hole; lost in the fervor of his open-

ing prayer he accidentally pushed it into the hole beyond recovery; in dismay he abruptly ceased his prayerful supplication and looking ruefully at the knot-hole and then at his bewildered congregation, exclaimed: "My dearly beloved brethren, there is a mighty good sermon in that knot-hole, but you will have to get it out." So it is with me. I have thoughts within me which it will be necessary for you to bring forth.

Yet, as I gaze upon the beautiful picture of these comely young women, framed in the beaming countenances of this cultivated assemblage, I am sure were I an Egyptian mummy I would find sufficient inspiration.

Young ladies, let your hearts beat exultingly. This is your hour of triumph. You are now tasting the sweets of victory, and we are here to exult with you. Lest you forget that you are to gird your loins for a greater fray on the morrow I intend to add to my congratulations a few words of friendly advice. As it is befitting that a general skilled in war should on the eve of battle counsel his

Delivered to the Graduating Class of Seney Hospital, Brooklyn, May 10, 1910. Contributed to The Trained Nurse.

soldiers, so it is befitting that a physician should counsel his assistants. The wisdom of my selection may be questioned, for upon occasions of this kind it is customary for the speaker to deal in the license of poetic exaggeration. The lay orator, viewing you and your profession from its sentimental side, can in rhetorical flights of fancy describe in such glowingly picturesque terms the heroics and divinity of your art that you, in your exaltation among the clouds, might well wonder if it would be possible for you to descend to the menial duty of—oh, well, let us say, making a bed. I shall speak to you as a teacher of nurses, as a fellow worker with them in the hospital wards, at the bedside of the sick in the sanctuary of private homes, as one who has heard them condemned, as one who has heard them praised. If inferentially I speak of your foibles, so will I of your virtues. Believe me, young ladies, you are not heroines, yet you are capable of performing heroic deeds. You are just plain, practical, self-respecting, self-supporting, independent young American women, holding by your moral character our respect, and by your skill our admiration. You have selected as a means of livelihood nursing as a profession, and a noble profession it is. You have chosen well, chosen as did Florence Nightingale fifty-six years ago. How musically that revered name falls upon our ears! What suggestive beauty lies hidden within its meaning! Nightingale, Singing Bird of the Night, whose song lends radiance to the darkness. How symbolical it was of her calling, for where there is sickness a veil of mental gloom shuts out the joy of day. The kindred of the sick one wander helpless in its oppressive atmosphere. The nurse in her ministrations sings the song of the

nightingale and the gloom melts beneath the melody of its strain. Somewhere within your innermost self there must have been born the germinal thought of compassion for and the desire to succor the sick and afflicted. Hence, then, your choice of a vocation has been by intuition, in the truth of which we bow in honor to you. Your three years' experience within the hospital walls has undoubtedly destroyed much of the romance with which at first you were imbued. In its stead we will hope that there has been instilled a tender sympathy for suffering, a patient forbearance with the exactions and irritability of the sick, and, above all, a knowledge of the great responsibilities which you elect to assume. To-night you sever the bonds of association which guided and safeguarded you through your period of instruction. To-morrow you take up duties sacred in the eyes of God and man. Confidences and secrets even dearer than life will be entrusted to your keeping. You would be lacking, then, in conscience if mingled feelings of courage and fear did not mark your entrance into this noblest of all vocations for women—nursing.

I would like to dwell upon the story of its evolution, from the beer-drinking charwoman of the Victorian era to the intellectual, refined trained nurse of to-day. I would like to go back to the cloistered nursing of the humble and meek Sisters of Charity whose lives were sacrificed to this God-like quality of charity and mercy, and to the days of the divinely inspired St. Vincent de Paul; but I must not tarry, I have more practical things to say with the limited time at my disposal. Be modest in the estimation of your acquirements. Your knowledge of medicine is most elemen-

tary indeed. Amplify it along the lines of the study of systematology of disease and the physiological actions of medicine, for herein lies the knowledge of the greatest value to the patient and to the physician. Cultivate a habit of study. Strive to live in an intellectual atmosphere. You may be lacking in personal charms, but beauty of the mind shines with an ineffable charm and bears better the breath of time. Let your reading be diversified, but I beg of you to eschew the problem novel of the day and the prurient literature so voraciously devoured by the public. The Lord knows we see enough of the filth and nastiness of life without seeking it elsewhere. Read books which will develop character and culture. A broad sympathy and love for all living things, books which will enable you to interpret the voice of the forest pines, soothingly whispering to the turbulent waves as they angrily hurl themselves against the shore; works which do not drag women through the mire, but place them in their proper sphere among the stars to be worshipped as we worship our mothers; books which treat of the doctrines of Him who said to the harlot, "Go and sin no more." Thus the dross in your nature will be refined and fit you intellectually and morally to enter into the lives of others; to minister to the sick; to wipe the sweat from the brow of the dying, and to kneel in the presence of the dead.

The essential practical requirements for being a good nurse are multiple. When summoned to attend a case of sickness it is well to bear in mind that yours is a mission of mercy; that your duty is to bring courage and fortitude into the afflicted household where anxiety and fear dwell; that your welcome is caused by a necessity; that you are to supplant

in attendance the affectionate ministration of some relative, perhaps a wife or mother, who, worn out by constant vigil, is a physical and mental wreck, who, while she courteously welcomes you, grudgingly, misgivingly and jealously resigns her charge to you—a stranger. First impressions means so much. Let your garb be in keeping with your occupation—neat, modest and sober, your manner quiet, reserved and dignified. Disarm criticism by your dress and personality. I have known cases where the garishness of nurses' street attire, upon their introduction, produced a feeling of antagonism that faithful service failed to overcome. In the sick room try to avoid marked assumption of authority. From the first moment endeavor to win the confidence not only of your patient, but of the members of the household. Many people object to the presence of a nurse because of the fear of their banishment from the sick room. It is your duty, for the sake of your professional sisters, to overcome this prejudice by tactful cordiality. It is only in grave cases and by order of the attending physician that restrictions are to be placed upon the going and coming of members of the family. Do not be mysterious in your actions, but explain the simplicity of the things you do or are about to do. Remember that amiability, prettiness of face, good-natured volubility, while not defects, are surpassed by a grave gentleness of demeanor, to know how and when to be silent and a softly modulated tone of voice. Learn to control your temperament; expressions of doubt or fear at unfavorable symptoms in your patient are quickly recognized and are productive of undue anxiety in others. In all homes there are secrets. The skeleton may be hidden within the dark-

est recess of the closet, but in sickness in the family it generally stalks forth. Let what you learn in this confidential capacity be held inviolate; let the keeping of these secrets be the flowers which will bedeck your own grave. The State recognizes the sacredness of your calling and throws its protecting mantle over those confidences of which you have been willingly or unwillingly the recipient. To the physician in attendance be loyal. You may recognize his deficiencies, know that his professional standing is not above mediocrity. They who employ him have faith in his ability. Never by innuendo or praise of other physicians destroy this faith. Your first duty is to your patient. If you are certain that injurious effects will follow the literal following out of the doctor's instructions modify them; obedience to orders is admirable, but let it be intelligent in its performance. Speak candidly to the medical attendant when in doubt as to your duty. A nurse with three years' hospital experience knows some things which a doctor without such hospital experience lacks. A wise physician will accept suggestions from some kind old granny whose hair has been whitened and whose judgment has been rendered acute by life-long observation. Anyway, a doctor who would take offence at an inquiry seeking information for the good of the patient should become an osteopath or a chiropodist; he would still be called "doctor," with his potency for harm minimized. Your relationship to the help in the family is another matter of much importance. Servants are prone to complain of the additional labor consequent upon sickness in the family, and they seem to have a particular aversion to trained nurses. The preparation of the sick

room dietary by the nurse (and she alone should prepare it) necessarily requires time and interference with the daily routine in the kitchen; other departments of the household economy are likewise interfered with. A good nurse should be able to adapt herself to her surroundings. Tact and policy in this regard are invaluable possessions. Do not be above assisting the servant in this additional labor where occasion calls for it. Her good will is worth cultivating. Your presence in the household will be rendered happier by it. Menial work when performed for the sick glorifies the deed and renders it akin to the divine. In your deportment be gentle, yet strong; amiable, yet determined; sympathetic, but not overzealous in its expression; discreetly confidential, but never descending to gossip; attentive to your patient and considerate toward all, if you desire to find honor in your profession.

A word to you who employ nurses and my task will be done. A trained nurse of to-day, by virtue of her degree, is a woman of education and should be refined in manner. Your duty will be to receive her hospitably as you would an honored guest. Being very human she will require regular meals, a certain number of hours of sleep and outdoor exercise properly to perform her duties. Guard her against annoyances, and by action and words show your appreciation of her efforts. Consider yourself, notwithstanding her presence, master or mistress of your home. The privileges of the sick room are yours, unless for good reasons the physician has ordered otherwise. The nurse is under your supervision in everything excepting the administration of medicines and personal supervision of the patient. Modern

nursing requires on the part of the nurse a knowledge which you do not possess. The various modes of administering medicine, their effects, recognition of symptoms, the use of instruments of precision, the prevention of contagion, the keeping of a record of everything pertaining to the patient during the interim of the doctor's visit. This last mentioned duty is of invaluable aid to him in his treatment of the case. The pecuniary reward received by the nurse in the care of a dangerous case of illness is inadequate. She gives not only her intelligence, nervous force, sympathy, but vitality as well. The true nurse finds her reward in her ability to lull pain by ease, to convert wakefulness into peaceful

slumber, and to quench the fire of fever, and when reason asserts its power and the eyes beam with brightness and the tongue speaks the heart's gratitude, halingers of returning health, the nurse's heart beats with joy, for that which she has accomplished is beyond price.

Young ladies of the graduating class we bid you God-speed. You are now mistresses of your own destiny. Go forth into the world with the confidence commensurate with your ability. Render your calling a synonym for all that is noble in woman's work, ever bearing with you that compassionate humility which led Mary Magdalen to wash the feet of our Saviour.

Michigan.

The Michigan State Nurses' Association held its sixth annual meeting at the Masonic Temple, Port Huron, June 28, 29 and 30. The meeting was called to order by the president, Mrs. G. O. Switzer. Rev. J. P. McManus delivered the invocation and Dr. A. H. Cote, acting for Mayor J. J. Bell, gave the visiting nurses a most cordial welcome. Response by Miss Fantine Pemberton. The remainder of the afternoon was devoted to the address of the president, the reports of the officers and chairman of committees, closing with a drill in parliamentary law by Mrs. Emma Fox, of Detroit.

In the evening Miss Jane Delano, of Washington, gave an address on "Red Cross and Army Nursing," following which an informal reception was given. Wednesday morning was taken up with a parliamentary law drill, the report of Miss Sarah Sly, delegate to the meeting of the Nurses' Associated Alumnae of the United States, and the reports of the delegate to the State Federation of Woman's Clubs and on State Registration, given by Miss Elizabeth Flaws.

After these reports the work was divided into two sections, one for the superintendents of training schools and the other for private duty nurses. Before each section very interesting papers were read. In the afternoon

a boat ride was enjoyed by all at which a question box was conducted for each section. Wednesday evening Dr. Caroline Hedger, of Chicago, gave an address on "Social Hygiene."

Thursday the meeting closed after the election of the following officers: President, Mrs. Ralph Apted, Grand Rapids; first-vice president, Mrs. G. O. Switzer Ludington; second-vice president, Mrs. R. G. Wheeler, Port Huron; recording secretary, Elizabeth Greener, Muskegon; corresponding secretary, Fantine Pemberton, Ann Arbor; treasurer, Mrs. M. S. Foy, Battle Creek; chairman of committees, Ways and Means, Elizabeth Parker, Lansing; Credentials, Mary Kurfess, Jackson; Nominating, Agnes Deans, Detroit; Printing, Charlotte Dancy, Battle Creek; Arrangements, Margaret Moore, Jackson; councillor, Isabel McIsaac, Benton Harbor. The meeting of 1911 is to be held in Jackson.

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Nichols Memorial Training School held their annual meeting at the hospital on July 25. Business matters were discussed and new officers elected for the coming year. President, Mrs. Edward Hoyt; vice-president, Miss Lula Barker; secretary, Miss Lucy Patterson; treasurer, Miss S. A. Gourlay.

A Partial Solution of the Problem of Providing for the Nursing of People of Limited Means *

FRANCES H. BESCHERER.

THE question of providing skilled nursing for the moderate wage earner is one that has for some time past held the interest of the medical and nursing profession. Various have been the methods suggested for meeting this need, among them a sliding scale of fees for nurses and organization for each city or town which shall engage graduate nurses at full pay and "sublet" them to patients at a low rate, making up the deficit by popular subscription; sending out pupil nurses from hospitals in their second or third year; the conducting of short term schools, where women are given large doses of theory and small ones of practice for three to six months and then turned loose on a long-suffering public as "nurses," etc., etc. All of these methods have been tried with more or less success each year. Meanwhile the hospital training schools turn out hundreds of splendidly equipped nurses, who, when one considers their expensive education, are perfectly justified in charging prices which only the wealthy can pay. The supply, if one can believe the statements of the registries, more than equals the demand. But the middle class!

The American Hospital Association, of which I am proud to be a member through its Training School Committee, has recommended a most admirable curriculum for the edification of the hospital training schools, but recommends that the question of the training of

pupils for moderate income patients be thoroughly investigated and a report made next year. At a meeting of the committee a year ago the Albany Guild for the Care of the Sick was asked to present their method of preparing pupils to help in meeting the need in Albany. We feel greatly honored by the invitation to meet the members of this association in a discussion of this subject. The Guild for the Care of the Sick grew out of an organization known as the Fruit and Flower Mission, which early in its existence recognized the need of administering to the physical needs of its sick poor. For several years, beside a small staff of graduate nurses, a staff of so-called "domestic nurses, or attendants," were employed to assist in the care of those patients needing more than a daily visit. They were paid only for their days of work, being at liberty to accept other employment between cases. It can be readily understood that this was not a very satisfactory arrangement, as the guild must stand sponsor for all the nursing, be it good, bad or indifferent. But the experiment proved that the need for continuous service existed, and that the work had the support and co-operation of physicians, so the training school for high-grade domestic nurses was organized. A small number of young women who were recommended by physicians for the work were engaged for a course of two years and six months three months of this being a probationary

*Read at the meeting of the New England Society for the Education of Nurses.

term. Their theoretical work consists of a weekly recitation in anatomy, physiology and hygiene and in nursing, using the text books found in any hospital training school, and a course of lectures by leading physicians of the city. A course in invalid cookery is given by a graduate dietitian, who is in charge of the guild's diet kitchen. If the pupil lives in town her salary begins at \$10 per month, increasing gradually to \$20 at the end of the term. If not, she is paid \$7 per month, the guild providing lodging and two meals a day, the pupil providing her own lunch, and the increase is to \$18 per month. At the end of probation the pupil, if she is to remain, signs a contract, which calls for a continuous service for the remainder of the term, and stipulates that the fees charged for services after receiving her certificate shall be \$16 per week for the first year of satisfactory work, after which \$18 may be charged. The practical work begins at once. The pupil accompanies one of the graduate nurses on her round of visits for the first few days only to observe. Then she is supplied with a bag equipped with the necessary dressings, solutions and instruments, and is permitted to assist the nurse in her work. She is taught to give baths, to make beds, to give enemata and douches, to catheterize, irrigations of bladder and colon, change bed and body clothing, the many little things which make for a patient's comfort. Perhaps one of the most important things learned in these visits to various homes is tact, for it requires a vast amount of that virtue to deal with the sick in their homes, to overcome the prejudices not only of the invalid, but also of his family. At the City Free Dispensary she is taught minor surgery, the making of bandages, dressings and solutions and

the sterilization of instruments. Under the supervision of the graduate she assists the eye and ear, nose and throat specialists in their examination and treatment. When she has been under instruction for some time she is sent alone to a patient to put in practice the teaching of the past few days, though only to a case requiring only such care as she has learned to give. This patient is visited later in the day by a graduate for supervision of the work done. This is continued throughout her training, though, of course, the following-up process does not take place every day as she advances. When the pupil has been thought capable of being placed on a case arrangements are made by the head nurse regarding charges, hours off duty, etc., and the pupil is visited frequently by the head nurse or another graduate. During vacation of tuberculosis nurse a pupil assists in the care of those taking the cure at home, especially in the care of bed patients and in the dispensary clinics. One whose term had nearly expired took the place of one of the graduates who was away on account of illness. When not on private duty a pupil always assists at any operation; thus she gets her training in preparing for an operation in a private house, and is often sent in advance to prepare patient and room for operation. The care of the patient and her room comes under the pupil's care. She prepares and serves food, gives medication and treatments and keeps a record for the physician. Many times the care of the entire household devolves upon her. She cooks and serves meals for several members of the family, keeps the house in order, besides finding time for the preparation of her work for the next class. One of the pupils cared for mother and babe and baked bread for a family of

seven, because the mother was sure her family couldn't eat baker's bread. Thus it will be seen that a knowledge of house-keeping is an absolute necessity for a nurse for moderate income patients. Our pupils appreciate the lack of those appliances necessary for the proper care of the sick, as found in the homes of people of small means, and early in their career are taught to make use of whatever is at hand. Besides the personal supervision of the pupils they are expected to report on their work every evening either in person or by telephone. Questions are asked, advice given, etc., and on class days the nurses compare notes on their cases, each one learning from the other something which will help her in her work. Regarding the prices charged for this pupil nurse work it varies according to the need and financial condition of the patient and the amount of experience had by the nurse. The charges range from \$5 to \$13 per week. The variety of cases to which they are sent covers everything except contagious diseases and major surgery. We make the limit of service to any one patient three weeks, though this may be extended according to circumstances. As our aim is to give a variety of training, long chronic cases are avoided as much as possible, though we do send pupils for a week or two. Actual experiment has proven that one pupil earned \$87 more than was paid for salary, board and lodging; on another the deficit was but \$7, and the income of these pupils pays their expenses and that of one graduate nurse. Two weeks' vacation is given each year, and for each week of continuous service on a private case twenty-four hours off duty is given. Pupils living in boarding houses are provided with a set of rules regarding hours of rest, recrea-

tion, etc. Those in their own homes are allowed more latitude. It is a dream of our future that we may have a central home for our pupils, where they can be supervised by a graduate nurse.

The conferring of certificates occurs this month. Three nurses have successfully passed an examination on medical, surgical and obstetrical nursing and physiology, the greater part of the questions being taken from a file of those used in various States in their examinations for registered nurses. The general averages are 85, 86 and 87 per cent., respectively. Our certified nurses are in great demand, their services often being spoken for in advance before their course is finished. Rarely does any justifiable complaint of their work come to us, and rejection of a pupil after probation for inefficiency seldom occurs. The course has been shortened to two years and three months. Now, with these facts and figures before you, does it not seem worth while that the work be tried in other cities where visiting nurse organizations exist? Many associations feel in many cases the need of more than can be given in a daily visit. Here is the opportunity to give practical instruction to a pupil and to save money for the organization. Many associations take pupils from hospitals for training in visiting nursing. These pupils need supervision while at work. Why not train young women along those lines who will be content to serve in the homes of the people of limited means for a limited fee after finishing their course? Many applicants for hospital training are rejected for no other reason than that of lack of the previous education which the hospital standard rightly demands. One of our hospitals has turned over to us the applications of several such women, and

we have communicated with them, with the result that they have taken up our training and are most excellent pupils. A woman of common school education and possessed of sound common sense, with a rigid application to study and a desire to please her patients, will have no difficulty in pursuing her training. We find that as the pupil works with the graduate very little extra time is consumed in the practical work. The majority of patients, so far from objecting to the presence of a pupil, appear to welcome the extra attention, and later on tell proudly of having the services of two nurses in their late illness.

DISCUSSION:

Dr. Patch—I would like to ask Miss Bescherer what becomes of these nurses after they leave instruction.

Miss Bescherer—The nurses keep on with their work, charging the price that is allowed them, and are kept very busy by physicians, usually for whom they have worked, and we have never found that any pupil has exceeded the price for which she promised to work.

Dr. Patch—Did I understand that they sign a contract agreeing not to exceed that price after graduation?

Miss Bescherer—They sign a contract at the end of their probation, agreeing not to charge more than the rules call for. That price has been advanced during the last year. It was at first decided that the pupil could charge \$16 for the first three years, after that the amount could be raised to \$18; but they have done very good service, and so it was decided a month or two ago to make the charge \$18 after the first year of satisfactory service.

Mrs. Codman—I should like to ask if it pays its way?

Miss Bescherer—You mean for the organization?

Mrs. Codman—Yes—all the training; is the training entirely paid for by the money that comes in?

Miss Bescherer—Yes, because it pays the pupil nurses' salaries, and the expenses, board

and lodging, their carfare, and the salary and carfares of the one graduate nurse—usually the highest salary—that is covered; that is, the salary of the head nurse is covered by that amount.

Miss Dart—Do you think it is fair for these young women to encourage them when they take up this course?

Miss Bescherer—We never encourage them to take it; we always ask if there is any reason why they cannot take a hospital training. We advise them to apply to the hospital, and if, after application to the hospital, she finds that she can't be admitted on probation, we then will accept her application.

Dr. Hugh Cabot—After these nurses are graduated and are out about their work, how is the distinction drawn between what they shall do, and the nurses graduating from the hospital, except that they charge less? Don't they in practice do the same work for a smaller fee?

Miss Bescherer—I think in very many cases they do the same work. It is only because the people can't afford to pay, or think they can't afford to, that they employ one of our nurses. It isn't always the people who can't pay—it is the people who think they can't.

Dr. Cabot—I should think that would work to the disadvantage of the nurses who are rather more competent to take care of the sick.

Miss Bescherer—If the patients want the graduate nurses, they have only to engage one, and as long as they engage a certified nurse, I don't think the graduate nurse has anything to say. They all register at the same registries; they register as graduates, or they register as domestic nurses, and when a domestic nurse is called for, our nurses and other domestic nurses are referred to the patients.

Dr. Cabot—You don't find there is any objection?

Miss Bescherer—Yes, very many nurses do offer objection, but at the same time they won't take that same case for \$16 a week.

Dr. Cushing—Doesn't this have an effect of letting into the nursing profession, on substantially the same terms, women of inferior quality, those that the hospitals will not take on account of lack of preliminary

education; and at the end of that training all the difference is that they are supposed not to take more than \$18? Now, that doesn't help the man who gets \$15 a week and has a wife and several children, but it lets into the nursing profession women of insufficient preliminary training, and there is very little reason to think that, if they get a chance and get into a good family, they won't ask as much as anybody else, whereas, on the other hand, I think very many nurses will take \$18 if it is explained to them by the physician that the family cannot pay more than \$18; that many a nurse who can get \$21 or \$25 will go for \$18 out of a feeling of professional duty. I can hardly think that the plan proposed makes for the professional advantage of the graduate nurse.

Miss Bescherer—That may be the case in other cities, not Albany; but we have it for a fact that Albany nurses have been asked and have refused to nurse for less than the regular rates. That may not be the case in other cities; I don't think that it is. But that is the fact in Albany—that Albany nurses have refused to nurse for less than their regular rates.

Miss ————Have these Albany nurses, as a whole, refused to work for \$18 a week?

Miss Bescherer—I have been told so; I don't know that they have. This was before the Guild began to train nurses, or when they had only one or two who had finished. That was told by an Albany nurse, that she had known Albany nurses to say they had rather take an entirely charitable case than to lower the prices.

Dr. Cushing—I would like to ask how the poor are taken care of? In the event that a man is able to pay \$16 or \$18, of course that is all right, but I would like to know how the Albany people take care of the people who can only pay \$8 or \$10?

Miss Bescherer—Well, while our nurses are in training, we will take cases from \$5 to \$12, depending on the amount of experience required and also on the financial condition of the person, so that they are not entirely dependent on those nurses who have finished; and those pupil nurses are under constant supervision of the graduate nurses who visit them every day, if necessary.

Dr. Cushing—How many pupils have you in your school who are available for that purpose?

Miss Bescherer—The number of pupils is eleven. This is only a partial solution, because we have only eight who have finished their training.

Dr. Cushing—That was the point I wanted to get at. This is a very partial solution. Of course in Albany you have hundreds of sick poor, and you only provide very limited service.

Dr. Palmer—If it solves the question in part, it is only a question of extending the system in order to provide for the care of all.

Dr. ————I should say it was unfair to say that they don't do enough, because, so far as I can see, they do more than any other place.

Personal.

Miss Ruth Deming, Superintendent of Luverne Hospital, Luverne, Minn., is spending a few months in Europe.

Miss Fannie M. Brooks, formerly with the Epworth Hospital, South Bend, Ind., also a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, has been placed in charge of the Hydro-Therapy Department at the Hackley Hospital, Muskegon, Mich.

Miss Emma E. Wilkerson, Wichita, Kan., a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., has been engaged

by the Naturopathic Institute and Sanatorium of Los Angeles, Cal., to take charge of the mechanical department.

Mr. W. B. Dalpe, a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., has been engaged by the Southern State Hospital, Patton, Cal., to take charge of the mechanical department and instruct the nurses in training.

Miss Florence Carhart will again do private nursing in Sioux City after having spent a year in California. She is a graduate of the Samaritan Hospital, class of '05.

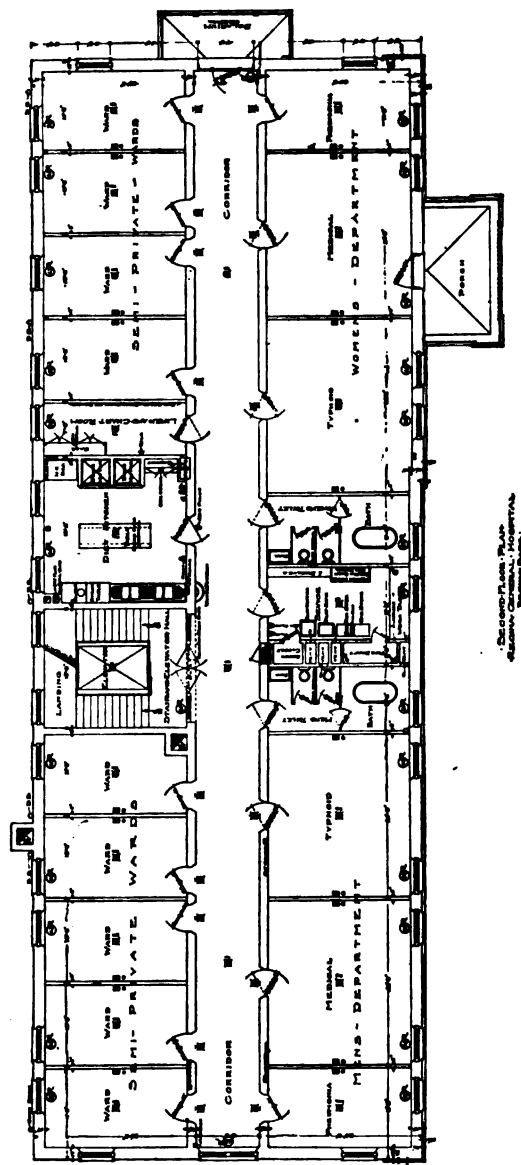


FIGURE 3.

A floor plan showing the first unit of a hospital, the ultimate of which is shown in figure 4. Note the segregation of departments respectively, and the possibility of economy in maintenance.

Practical Idealism in Planning Hospitals*

MEYER J. STURM, B.S.,

Hospital Architect and Consultant.

THE distinction between ideals which are practical ideas and ideas which are impractical ideals is so marked that I hardly need go into a precise definition of their difference. Nevertheless, despite the wide line of demarcation between the two, there has been up to within very recent years little or no practical idealism in hospital planning. The causes for this are many and varied, but the principal one, and the one upon which I wish to lay most stress, is the fact that hitherto the question has been considered from a standpoint of ideals, or it was the fixed idea of an individual with ideals largely impractical.

In a recent paper appearing in one of the hospital magazines Dr. C. P. Emerson stated in reference to the planning of hospitals and the construction of these, that "with few exceptions there are no architects in this country who have planned over two hospitals." All of you who are connected with hospitals are far too busy to go into the subject closely enough and minutely enough (except to get such ideas as might redound to the welfare of your own institutions) to get at a comprehensive idea of what is needed in not only your institution but in all institutions. Such meetings as this are of inestimable value, but no great surgeon was ever trained and perfected in his work, nor could he be, by getting the consensus of opinion from papers and discussions.

Physicians on the whole have had rather impracticable ideas, inasmuch as

their opportunity for studying the hospital from its administrative and maintenance point of view, has been rather limited. The busy physician and surgeon had, or took, no time to acquaint himself with what he considered the minor details of the general administrative requirements of such institutions. These very points are the ones which are so necessary in the planning of hospitals, as ultimately the entire planning of a hospital must resolve itself about the necessary details of administration.

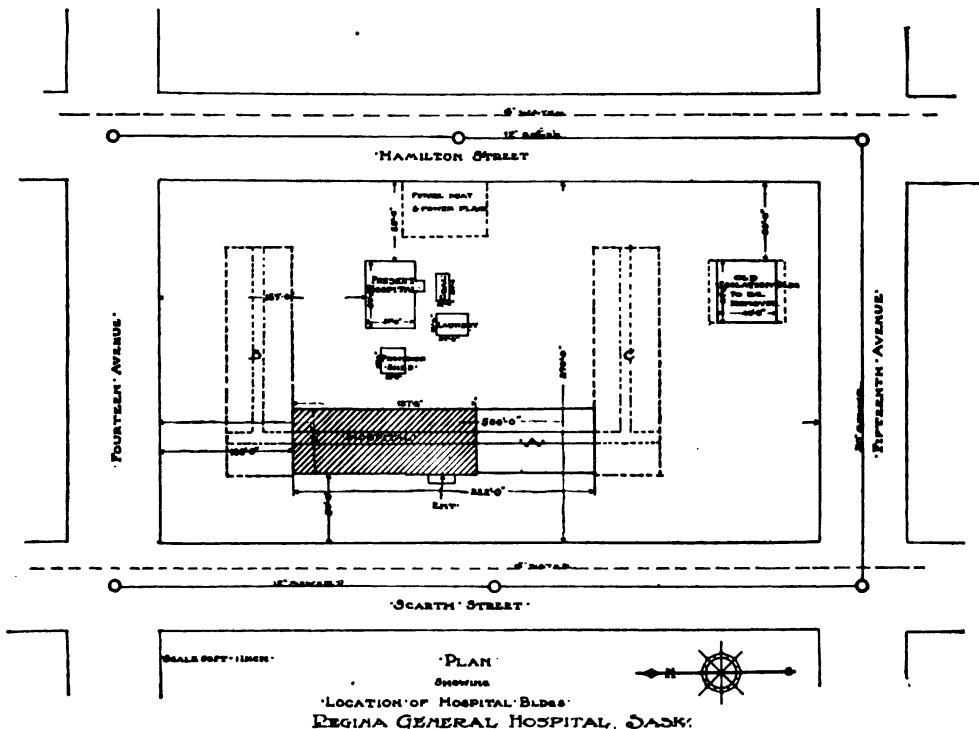
It remained, therefore, in the evolution of this subject that the question had to be left to the working out of general ideas rather than to a carefully planned consummation of practical ideals; or perhaps, with the aid of an architect, one or two men would work out what they considered a comprehensive plan for their own immediate needs, regardless of future exigencies. This plan was usually carried out with a viewpoint of getting the ideas of a local and general architect and the committee to fulfill the requirements for the ordinary hospital. The fact that in this particular work, vital in its minutest detail, was needed the services of a specialist with a broad knowledge gained from the close study of an experience in this one field, has only in the last few years been recognized.

The great question to be considered is that a hospital is a "living thing" which must be supple as well as graceful; that it must be a means to an end rather than the end. The study of this problem too

*Read before the Canadian Hospital Association. Contributed to THE TRAINED NURSE. All rights reserved by Mr. Sturm.

often resolves itself in the one object of making the hospital a climax. This is diametrically opposed to what should be the case. Peculiarly, and this needs serious thought, those who are building a hospital are not the final arbiters of the ultimate size to which this hospital shall attain. This is where the practical idealism of most men connected with hos-

necessity. They give no thought whatever to the fact that when their institution is full and they are running to their utmost capacity at all times, with more patients clamoring for admittance, or when the staff physicians and surgeons, unable for lack of room to place their private patients in this hospital, will doubtless take them elsewhere, that this



A PLAN SHOWING THE ULTIMATE OF A HOSPITAL, THE FIRST UNIT OF WHICH IS SHOWN DEVELOPED IN FIGURE 3.

(All of the old buildings will be removed upon the completion of the hospital.)

pitals falls far short. They have rigidly fixed ideas that their hospital shall not contain more than just so many beds as its ultimate capacity. They give no thought to the growth of towns; they give no thought to the fact that people are becoming more and more educated to the hospital idea, and that the hospital is no longer a necessary evil, but a blessed

condition gives birth to a mushroom growth of badly planned and poorly constructed hospitals, a menace and a detriment to any growing community.

It is this phase of the problem where a man's ideals should go beyond what this generation requires, and to prepare for the future of the institution. To-day there are too many indiscriminate calls

made upon men for funds to endow or support institutions more or less worthy, but which, from sheer ignorance of necessary detail in their planning and administration, are maintained at an appallingly disproportionate expense. It is plainly evident that one good hospital containing 100 beds, planned with a view to future enlargement, maintained at a minimum of expense, which has every advantage for the physicians in the town in which it is located, for the training of its nurses and the general care of its patients, could be run at considerably less expense, so far as the general maintenance charge was considered, than four hospitals containing twenty-five beds each of the type to which I refer, or, for that matter, of almost any type. There is too much division of the general maintenance for the taking care of these 100 patients referred to in the separate smaller institutions.

This maintenance charge is, after all, the vital point to be considered. One cent per day per patient in a 100-bed hospital means the interest per year on \$7,300.00, and I might add that this is a perpetual mortgage, the principal of which can never be paid. Calculate, if you please, what a saving of five cents per day per capita means in such a hospital. The saving every year, for all time, of the interest on \$36,500.00 which, if this interest were added to the amount involved, would in a very few years be sufficient to double the size of the institution. In five years this amounts in interest alone to over \$10,000.00, and in ten years principal and interest amounts to \$60,000.00, and this on the saving of only five cents per day on 100 patients.

In a recent issue of the "Hospital," published in London, appeared the following: "There is nothing more distress-

ing to a practical man acquainted with the possibilities of hospital administration than the evidence which accumulates with telling force as inspections are made of many hospitals. The purchase of relatively imperfect or useless fittings, the adoption of exploded methods of ventilation, the extravagance almost everywhere manifest with increasing force in hospital buildings, the omission of practical details and facilities which recent plans too often display, and the multitude of other matters afford melancholy evidence to the expert that something is wrong somewhere.

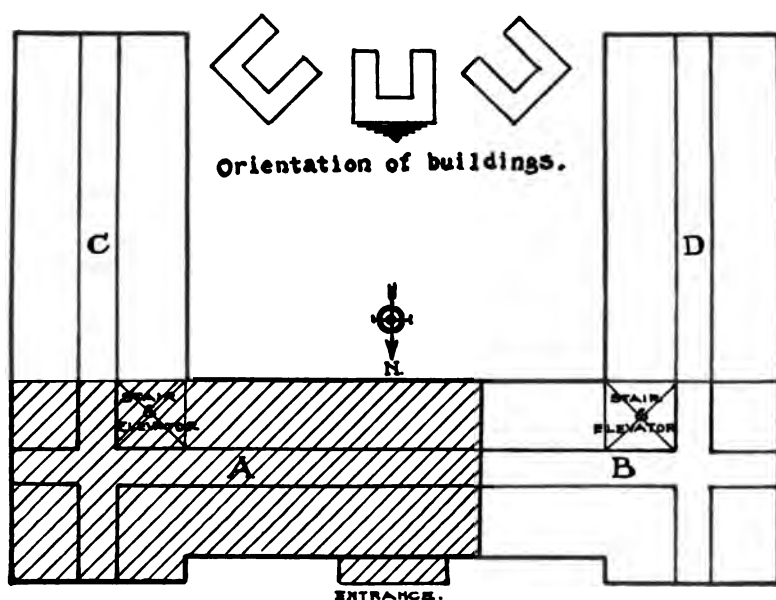
It is dangerous and immensely costly to employ an architect to build a hospital who has no practical knowledge of its interior working and administration. Architects fail, as a rule, to grasp that the theory of hospital construction is a living thing. That is to say, it is never possible at any stage to say that a climax of excellence and completeness has been reached. The failure to appreciate this fact has produced a number of striking failures, as represented by recent hospital buildings of importance. What are we to say of a man who spends hundreds of thousands of pounds and shows so little apprehension of the requirements of a great hospital that he places his operation theatres in a position which compels every patient operated upon to be brought out into the open air, and possibly to traverse some distance in it for some minutes? How many deaths may result from this one failure to appreciate realities, without possibly the architect ever realizing the innumerable deaths which may be justly laid in large measure at his door?"

This clearly defines the present situation. Every hospital is a separate and distinct problem, and just as any profes-

sional man becomes invaluable in his field of endeavor as he concentrates and specializes on one particular effort or line of work, so with the hospital architect it has become a fixed understanding that upon him devolves the necessity of making the theory of hospital construction a

growing thing. The first principle—I might say, the first of the practical ideals attainable in the development of the idea—is the greatest amount of serviceability at the lowest cost consistent with a first class structure and a minimum of fixed and maintenance charge for the

**Proposed block plan
Strathcona Hospital, Strathcona, Alta., Can.**



Block plan showing units for ultimate plan.

*Meyer J. Sturm Hospital, Aram.
Chicago, Ill., U.S.A.*

This plan shows the practical method for making preparation for the enlargement of the ultimate plan for a hospital, the shaded portion being the first unit containing all the administrative and operating departments, which would make the succeeding units available for patients at a considerable saving for the number of patients to be housed.

“living thing.” And therein lies the practical idealism.

I can only give you a brief outline of the possibilities of making the hospital just what it should be, to fulfill the requirement of having it a living and a

maximum of work to be done. Unfortunately, up to a few years ago, hospitals were the outcome of ideas evolved direct or in a perpetuated state of something which had already been done. The ideas which had been worked in this scheme

of things have not always been ideal, as some of them were either indifferent or wholly bad.

I am not going into the subject of the relative size of hospitals nor their cost, except to say that there is much need for education along these lines. While I do not, under any circumstances whatever, advocate the expensive hospitals in any sense of the word, still there should be sufficient funds to carry on the work without the necessity of endeavoring to get complete and equipped buildings for less than the bare cost of construction should be for a first-class building.

Because a hospital of large capacity, say 300 to 500 beds, can be built at a roughly estimated cost of \$1,200.00 to \$1,500.00 per bed, or even in some cases as low as \$1,000.00 per bed, as has sometimes been done, this does not necessarily mean that because a hospital contains ten beds or fifty beds or one hundred beds, that it should cost respectively \$10,000.00, \$50,000.00 or \$100,000.00. A hospital containing fifty beds could cost anywhere from \$60,000.00 to \$100,000.00 without being in the least extravagant. There are a multitude of reasons for the variations in cost, such as the proportion of wards to rooms, size of these, economy of plan, the expansion of the first unit of construction wherein has been placed

the service for the succeeding units, either in whole or in part; the present price of labor and material, the necessity of making such buildings absolutely fire-proof, the isolating of each floor from every other floor, of separating the different departments in such manner that there is no confusion and that there will be a minimum of maintenance charge. The same operating department which would be needed in a fifty-bed hospital, practically the same amount of kitchen department and general working department, would be required in a 100-bed hospital or a 200-bed hospital, and so it might be stated for the other items of fixed expense in such buildings from foundation to roof. Moreover, half a hundred different plans could be made for any hospital, each having merit, but it is safe to say that but one or two of these would be practically ideal from every point of view; especially in the economy of construction and in the economy of maintenance, the ease of handling, and the thousand minor details which go to make up the hospital building.

In a hospital which is planned and built without embodying these practical ideas fully and minutely, all is confusion never ceasing in maintenance and service.

84 La Salle street, Chicago, Ill.

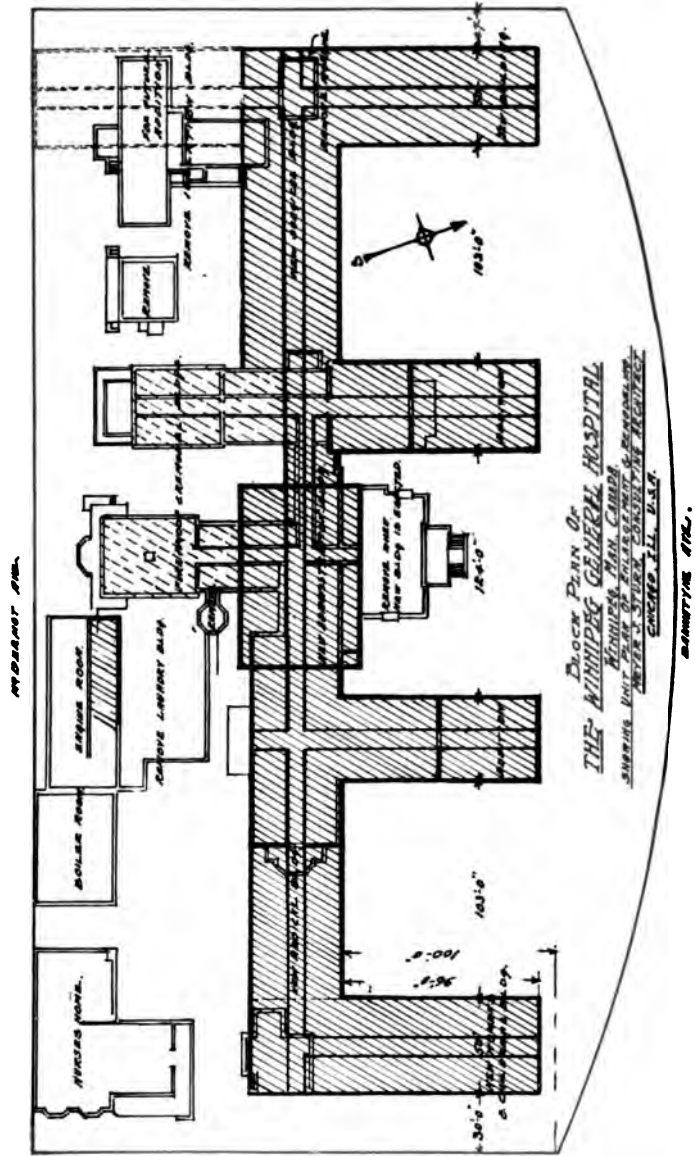
Personal.

In Hope Congregational Church, Worcester, Mass., June 28, 1910, Miss Margaret Hogg, Class '07, Elliot City Hospital, Keene, N. H., to Mr. Hall.

At Fort Worth, Texas, May 21, 1910, Miss Laura Bates, graduate of Atlanta, Ga., to Mr. Bettes.

Miss E. M. Shiels, former head nurse at the Hazleton (Pa.) Hospital, to Claude Roth, a prominent attorney of Philadelphia, Pa.

Miss Maude Irene Strobel, former superintendent of Bryn Mawr (Pa.) Hospital, to Dr. Harvey J. Howard, of New York.



THE PROPOSED PLAN SHOWING THE REMODELING AND ADDITIONS TO AN EXISTING HOSPITAL.

The Relation of the Training School to the Hospital Deficit Problem*

CHARLOTTE A. AIKENS.

THE hospital deficit trouble is probably not so frequently met with in its acute form in Canada as in the United States, but it is far from being uncommon, and it is a problem which faces most hospitals at some time in their history. It is often preventable, but, judging by observation, not always so; for just as some children seem to be born with a predisposition to a certain disease or weakness, so, many institutions seem to begin with this unfortunate predisposition to an annual deficit. The reasons for deficits differ, but they can probably be placed in two main classes: faulty planning and construction, and poor business management. A large number of deficits are, or seem to be, due to a mistake in the primary plans or policy of an inexperienced board of managers. The hospital itself comes as the result of a vision—an ideal of service which comes to some man or woman. This vision comes of a desire to do something for those less fortunate, or to help the poor and needy in some practical way. Hence the building is planned mainly to accommodate the poor, or with a very much larger proportion of beds for free patients than for private paying patients—very often with more accommodation for this class

than the needs of the community call for. Free beds are provided, but nothing tangible or adequate to support them, and the result is bound in the very nature of the plans to be a deficit—large or small. This mistake seems to be well-nigh universal, for I have seen it and heard of it in all parts of the country where I have visited. Usually this mistake is corrected in course of time, but the first few months very frequently show only too plainly the blunder that has been made. The way to correct it is much longer in coming, and in the meantime the deficit occurs and often becomes chronic.

A study of the per capita cost per day in a score or more of general hospitals devoted to free and paying patients in the last few years shows that the average cost is somewhere between \$1.50 a day and \$2. In some cases it runs as high as \$2.25 a day for each patient, though this latter figure is exceptional. When we consider the number of patients cared for entirely free of charge, and the large number who pay less than cost, and also remember that endowments are long in coming, it is not difficult to explain the reason why some hospitals have deficits. Mr. Louis R. Curtis, superintendent of St. Luke's Hospital, Chicago, in discussing this question at the Chicago Convention of the American Hospital Association, says: "I venture to say that not more than one-half of the private patients in the average hospital pay the full cost of

Explanatory Note.—The text for this paper was sent to the writer a few months ago by the President of the Chicago Society of Superintendents of Training Schools for Nurses. It contained two questions: Why do most of our hospitals show a deficit at the end of the year? Can the nurses better conditions? The matter contained in this paper is substantially the same as the paper prepared for that society.

*Read at the Convention of the Canadian Hospital Association.

their care, much less add anything to the net income of the institution. It may be accepted as a maxim that no hospital can conduct a private patients' service without loss, where the lowest rate is less than would be charged in an hotel of a corresponding class."

The remedies for deficits need to be studied with each individual hospital in view, but there are certain general principles which apply to a large number. The extension and improvement of the pay patient department, so that that department will not only pay expenses but yield a surplus to be used for the support of non-paying or partial paying patients is one of the remedies for deficits that is meeting with general favor and good results on this side the Atlantic.

Some plan by which municipalities may be induced to pay to private hospital corporations the actual cost of the care of indigent patients instead of a fixed rate of five or seven dollars a week, which is now paid in so many places, will probably be arrived at some time. A better understanding between hospitals in a given city or territory, and a more businesslike policy of charging paying ward patients the average actual cost will also help in reducing the deficit. Other remedies will readily suggest themselves to those familiar with hospital problems.

There is, however, a very definite relation between the training school and the size of the deficit, for the daily routine of a hospital affords large opportunities for waste. Probably every school has spasmodic and periodic lectures or talks on the sin of wastefulness. These spasmodic efforts often seem to put a check on waste for a brief season, but no such

methods alone will ever effectually control the problem. In the small hospital the superintendent can usually keep a hand on the distribution of supplies and a watchful eye over their use; but as an institution grows this becomes impossible, and some definite system designed to prevent waste becomes necessary. Various systems have been devised. Any one who desires to establish such a system can easily obtain suggestions based on experience from other hospitals. Miss Lightbourne, trustee-in-charge of the Hospital of the Good Shepherd, Syracuse, a moderate-sized institution of about a hundred and twenty beds, has given permission to refer to the system in use in that hospital. Nothing in the line of special supplies for any ward or department is obtained without requisition on blanks provided for that purpose. These requisitions are filed, the cost is estimated in the office, and each week or month the head nurse is informed of the amount and cost of the supplies she has ordered. With the actual knowledge of what her ward has cost comes the incentive to keep the cost down, and to improve the record month by month. Such a system properly managed will produce good results in any hospital. To know is to control. Real control is never secured except on a basis of actual knowledge. Scolding the nurses, appealing to their consciences, a grudging giving out of supplies that are really needful, or trying to make the one who asks feel guilty will utterly fail to check waste unless there is some method established by which each yard of gauze, each cake of soap, each catheter, each thermometer, each paper of pins, each piece of linen is recorded and charged to the account of somebody who is ac-

ountable for its proper use. Without an account of soiled linen and clean linen going in and out of a ward or department no effective check on waste or extravagant use of linen is possible, for nobody knows just how much was used or was necessary.

As an illustration of the possibilities of economy that are in a hospital ward, I mention an experiment tried in Bellevue Hospital a few years ago, about the time there was such an outcry in New York regarding hospital deficits, and when there was serious danger of some of the hospitals having to curtail their service for lack of funds. At that time Dr. Brannan, president of the Board of Trustees of Bellevue and Allied Hospitals, wrote an open letter, from which the following is quoted: "The attention of the visiting surgeon of one of the divisions of Bellevue Hospital was called about a month ago to the large consumption of gauze in his wards, some 2,100 yards having been used in the previous week. He at once made an investigation, with the result that the next week the amount of gauze consumed was only 1,100 yards, and during the week following that only 610 yards, although the service continued just as active and the patients were cared for fully as well as before."

A great many hospitals are at a disadvantage in this respect, because there are not permanent head nurses in each ward or department. The apparent saving made by putting pupil nurses into executive positions is often more apparent than real, unless the pupil head nurse had been well trained in the promotion of intelligent economy. In a ward or department of twenty patients a saving or waste of even five cents for each patient a day in the handling of

the entire supplies used—light, food, drugs, dressings, utensils, linen, etc.—will make a difference of thirty dollars, a sum which would go far toward paying the salary of the head nurse. Without doubt much more than this amount is wasted day after day for lack of experienced supervision in many hospitals. The periodic changing necessary when the head nurse is still in training, precludes the possibility of the best results in many directions. The pupil nurse always lacks the authority of a permanent head nurse. Even if she is urged, she hesitates to use it, and the incentive which comes from a desire to "make good" in a permanent position is also absent.

The operating room nurse in a hospital with an active service can easily waste or save the amount of her salary every month. The waste in the operating room is, of course, not entirely under the control of the training school, but it is partially so. There seems to be a tremendous difference in the amounts of supplies used in different operating rooms doing the same amount and kind of work. An operating room nurse a few years ago undertook to secure from a number of hospitals figures showing the amounts of certain supplies used. She found that in rubber gloves the amount varied all the way from 12 pairs a month for 252 operations to 300 pairs for 162 operations. In one hospital 80 towels is the average number used for an operation, while another operating room shows but 16 towels used on an average for the same kind of operation. The extravagance in the use of linen in the operating room cannot, of course, all be charged to the nurses, but undoubtedly much of it can, and the head nurse can do a good deal to check it if she is so

inclined. The costly equipment of the modern operating room and general surroundings tends to extravagance, and the nurses often unwittingly and unintelligently, rather than intentionally acquire the habit of lavish or extravagant use of linen and supplies. Gauze is so common they think it must be cheap; rubber gloves likewise. They know no more of the cost of ligature materials than an infant, so it is not surprising that when entrusted to handle such supplies they cut the sutures and ligatures half as long again as is necessary, and are blissfully unconscious as to the value of the ends which they sweep up after the operation is over. A systematic course of lectures on hospital economy, starting at the very beginning of a pupil nurse's course, and given periodically two or three times a year to the different classes, would help a good deal in securing intelligent economy and the co-operation of the majority in efforts to prevent waste. Ignorance as to the cost of supplies, as to how waste occurs, every-day general ignorance of values, and the lack of a feeling of responsibility on the part of internes, head nurses and pupil nurses, is responsible for much of the waste which we periodically discuss and deplore. Ignorance is always costly, and especially is this true of hospital work.

Some methods of checking waste which are in use in the Massachusetts General Hospital have been described by the present and former superintendent. It is stated that in the operating room a slip is made out after each operation and turned in to the proper authority, giving the name of the operator, number of sponges taken in to that operation, the number opened, the number used, the amount of catgut opened

and the amount used, the number of towels and various other details. With this information in hand it is easy to compare amounts used by different operators, and to check waste, because accurate facts are at hand to use.

Two of the main sources of waste are surgical gauze and food supplies. The system of saving gauze and washing and resterilizing it for use you are probably familiar with. After the adoption of that system it is stated by the superintendent that: "In the first eight months of 1904 we used over one hundred and forty miles of new gauze three feet wide. In the first eight months after the adoption of the system we used only 51 miles," and a saving of \$3,000 in those months was effected.

Regarding the system of preventing waste of food supplies, an assistant superintendent says: "The tendency of most nurses is to put too much food on patients' trays, sometimes because they do not want to be bothered by serving more food if called for, or because they do not realize that sick people do not eat as much as healthy laborers. We try to have as many wards as possible visited at mealtimes by the dietitian, the assistant superintendents of nurses and by assistant resident physicians. Head nurses are, of course, expected to watch the serving carefully. The result is that meals are more attractively served and unnecessary waste is kept down."

In that hospital also a systematic inspection of the contents of scrap pails is made, which results in the discovery of safety pins, rubber dam, knives, forks and spoons which, through the carelessness of somebody, have found their way into the waste pail to be burned. We could all add to this list, I am sure. The plan of a systematic inspection of

garbage is one that is not commonly followed, judging by experience and observation; but the experience of this hospital shows that it pays well for the time it costs. If the scrap pails are all numbered it is easy to locate the head nurse whose business it is, or should be, to prevent waste.

A good deal of misconception exists as to the actual cost of the training school, or of training each nurse, and, as a matter of fact, we have very little accurate knowledge of the cost. The Worcester City Hospital, a few years ago, engaged an auditing company to establish a system of accounting which would make it possible to tell exactly what it cost to operate the different departments. They found the cost to the hospital of each nurse per day was, in 1908, \$1.06, and \$1.08 the year before, or about \$1,165 for the three years' course. Whether this is about the average cost in hospitals as a whole I do not know, but it costs more to train a nurse properly than it did ten years ago, and the probabilities are that the cost is not going to grow less. The training school that is properly housed, equipped, manned, organized and supervised costs something, and the training school which does not cost much in time, effort, or money is not worth much. I am fully convinced, however, that as

our methods of instructing and supervising nurses and systematizing our general work improve, as we gain more accurate knowledge of what our methods, whether good or bad, cost, we shall come to a realization that there is a very close relation between our training school and our training methods and the size of the annual deficit. As we grow in wisdom and knowledge we shall endeavor more earnestly to save from the scrap pails and the junk heap, in order that we may have more money to spend for paid instructors and supervisors and general improvements. Thus far we have not seen fit to include in our curriculum a course in tact, nor one in practical methods of economy—though we readily concede that both of these subjects are of very great importance in successful hospital management. Perhaps in the future we shall be wiser. We shall find out yet many secrets in the line of economy in the daily routine. We shall save on the one hand that we may have more money to spend for practical improvements on the other. We shall make it possible for every nurse superintendent to have a course in practical institutional management before she assumes charge of a hospital or training school, and we shall turn out more economical, more widely intelligent nurses from our schools.

The Dose of Codeine.

Fraenkel (*Munch. Med. Woch.*) claims that codeine must be given in larger doses than is generally used in order that the full effect may be obtained, as codeine is from ten to twenty times less powerful than morphine. The proper dose should be two-thirds or three-fourths grain, and this amount may be given three or four times a day without any evidence of habit formation. The single maxi-

mum dose permissible is one and one-half grains and maximum daily dose is four and one-half grains. For children the daily dose may be as follows:

4 years of age.....1-6 grain.
 6 years of age.....1-3 grain.
 8 years of age.....2-3 grain
 12 years of age.....1 1-4 grain

Meyer Brothers Druggist, July, 1910.

The Important Part of the Nurse in the Prevention and Treatment of Vulvovaginitis in Children

B. WALLACE HAMILTON, M. D., NEW YORK CITY.

Physician to Children's Clinic, Presbyterian Hospital Dispensary; Clinical Assistant in Pediatrics, Vanderbilt Clinic.

IT is conceded by all observers that no disease of children is more rapidly contagious, more obstinate to check, or more refractory to treatment than gonococcus vulvo-vaginitis. The responsible role of the nurse in this dreaded disease is one of great importance, and the various modes of infection should be known to every well-trained nurse.

No more forcible statement could be made than to mention that the average duration of these cases is several months and often years, during which time the child is a constant menace to all who come in contact with her.

This infection in children is by no means limited to dispensary and hospital patients, nor even to children of the tenements, but may be met with in children living under ideal hygienic surroundings, where least expected.

It is readily recognized in the recent case by the yellow or yellow-greenish creamy pus in and about the vulva. This discharge later becomes thin and mucus-like in character and much less in quantity. This mucus-like discharge may become so small in amount as not to stain the child's underclothing, but still may be highly contagious and continue so for a long period of time.

The introduction of bacteriological examination of secretions from the vagina of all little children as a routine measure before admission to any hospital, day

nursery, foundling home or kindergarten has brought to light within recent years the surprising prevalence of this disease in children under ten years of age.

MODE OF INFECTION.

The various modes of infection of this highly contagious disease are almost numberless. Almost every article entering into the equipment of the hospital, orphanage, asylum or other public institution, has been accused as the agent of infection.

Cases occurring outside of institutions are generally infected by the mother, less often by the father, sister, brother or some other inmate of the house. Often the child has shared the bed of an infected adult, or has been bathed with the same sponge, towel or wash cloth. The mother's and nurse's fingers are often conveyers of the infection.

In tracing a case of this rapid infection many investigators both in Germany and in this country have taken great pains to find the common source of contagion.

Before going into the ways and means to combat this prevalent disease, it is well to enumerate in a practical way a few of the characteristics of its cause, i. e., the gonococcus. Experiments have shown that this organism is killed by dryness and by any temperature above 50 de. C., or 122 deg. F. Gonorrheal pus, which has been fully dried, contains no living germs; and on all bed linen, towels, etc., where drying took

place slowly, germs lived but a few hours. On the other hand, the germs can live a great many hours (24 to 60) in warmth and moisture. Having these essential facts in mind, the necessity of regarding all objects retaining any degree of dampness or warmth coming in contact with patients should be naturally regarded as modes of infection. To mention a few of the more important factors, i. e., seats of water closets, bathtubs, towels, sponges, night clothes, clinical thermometers, diapers bed linen, and most important of all, the fingers of the nurse.

In many hospitals where infected children are isolated special nurses are assigned to them by day only, while the night nurse cares for uninfected cases as well as those infected. This latter mode of infection has been traced to many cases by Dr. Holt. In institutions where children sleep two or more in a bed, or are bathed in the same water, infection is not hard to trace.

PROPHYLAXIS.

Admission of Female Children—Parents desiring to admit children to institutions frequently bathe the child before applying. In this way a discharge may be overlooked. The child may also have a discharge so slight in amount as to be impossible to note on visual examination. All female children applying for admission to any institution should be placed in an isolation ward for a period of not less than three days, and at least two microscopical examinations of the vaginal secretion be negative before she is placed with other children.

Isolation—This must be prompt. The quarantine to extend to both nurses and attendants. Not only the day nurse, but the night nurse as well should be separate. The duration of quarantine

is a difficult problem. To be safe I should advise a complete quarantine after all inflammation has subsided and all discharge ceased, to be continued for three weeks after a third negative bacteriological examination of the secretions.

Laundry—No sheets, bed linen, napkins, night clothes, or any clothing from infected children should go into the general laundry of the institution or home. These articles after removal should be thrown into a strong disinfectant solution and should be washed separately.

Bathing—The bathtub is a frequent mode of infection, therefore, during an epidemic tub bathing should be forbidden. A spray bath on a marble or porcelain slab, with a proper angle for drainage, is the ideal method of bathing, such as that recently installed in the Presbyterian Hospital, New York City. (See illustration.)

Sponges should never be used in bathing. Wash cloths should not be used about the buttocks and genitals, but only sterilized gauze or absorbent cotton, which can be destroyed by burning. Separate towels, frequently sterilized, are absolutely necessary.

Nurse's Hands—The nurse's hands should be carefully washed in a disinfectant solution after bathing or changing napkins of each and every child. Not only on account of the danger to herself but also because she may spread the disease in cleansing mouths or in handling feeding apparatus.

DISTRICT NURSING

In district nursing connected with the Vanderbilt Clinic we have, in the effort to instruct mothers regarding this disease, given to each one a copy of the following directions:

1. This is a local contagious disease

which requires treatment until the physician pronounces the child cured. It sometimes persists for many months.

2. To avoid infecting other members of the family, always wash the hands thoroughly before and after treatment and after bathing of the parts. The discharge, if carried to the eyes, may cause blindness.

3. The child should sleep alone. Be sure that no one uses any toilet articles, towels, napkins or wash cloths used by the patient. All napkins, sheets, underclothing, towels and wash cloths should be either boiled or immersed in a solution of creolin (one tablespoonful to a gallon of water) before washing. Bathtubs,

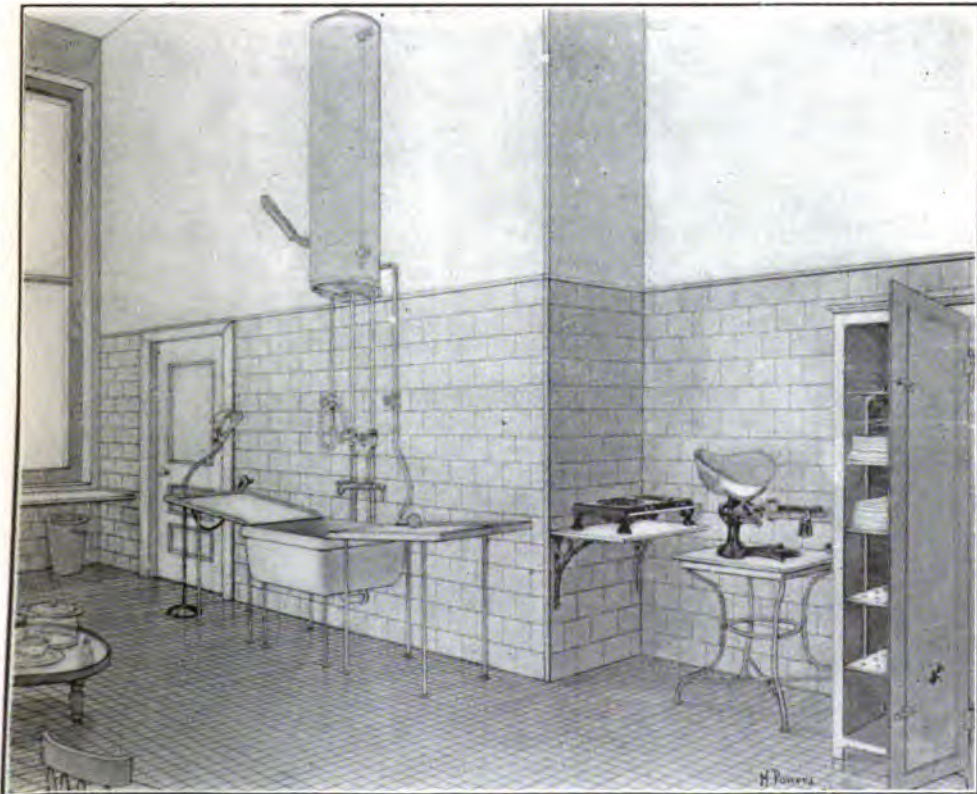
basins and everything else coming in contact with the patient should also be washed with this solution.

4. It is advisable that all children with this disease should wear a napkin or pad, which should be changed daily.

5. Parents are cautioned not to allow the child to mingle intimately with other little girls. She should not attend school or day nursery lest other children become infected.

6. Cleanse the parts externally at least four times daily with a solution of borax or boric acid crystals, one teaspoonful to a pint of boiled water.

125 West 76th street, New York.



THE BABIES' BATH ROOM, SHOWING COMPLETE EQUIPMENT, PRESBYTERIAN HOSPITAL, NEW YORK CITY.

Nursing Infectious Disease

ANNIE E. HUTCHISON.

OTHER things being equal, the care of a patient suffering from a contagious disease, including, as it must, the hardships of a period of isolation and more or less personal risk, demands considerably more self-sacrifice on the part of the private nurse than the nursing of the ordinary non-infectious cases. This, however, is not to be regarded as the chief reason why so many private nurses refuse to take contagious cases, or accept them with visible reluctance. One reason, and an influential one, is that, notwithstanding the higher price per week that may be charged—and this is not always practicable—the nursing of a contagious disease may not infrequently mean actual decrease of income to the nurse on account of the quarantine and the necessity of refusing other cases. As far as the writer's experience goes, most nurses accept personal risk with a ready cheerfulness fully in keeping with the character of that wonderful personage, seen chiefly in print and the imagination, the ideal nurse; yet in the ranks of those steadily engaged in private nursing very few slight financial considerations, because very few can afford to do so. A very considerable number of nurses avoid contagious diseases, and feel justified in refusing them simply because of lack of experience in the nursing of such, their training in this regard having been chiefly or wholly theoretical. And where the hospital offers no opportunity for practical experience in this branch of nursing, the theoretical knowledge regarding it that the graduate carries away

with her very often leaves a good deal to be desired, probably because such instruction was more or less perfunctory, or because as a pupil nurse the necessity for such knowledge appealed to her chiefly for examination purposes. Certainly, some otherwise very excellent nurses possess astonishingly hazy ideas regarding the special care demanded in nursing some of the more common infectious diseases, such as measles, scarlet fever or diphtheria.

Upon entering a private home to take charge of a patient suffering from a contagious disease the complete isolation of the patient is usually the first thing that the nurse must consider and arrange. In the case of a contagious disease the choice of room to be occupied by patient and nurse will frequently devolve upon the nurse, in which case she must be careful to choose the one best adapted to serve as a sick room and for the purposes of isolation. A room, or where possible, two rooms, should be chosen at the top of the house and in a situation as convenient as possible to the bathroom. Sometimes the whole top floor can be placed at the disposal of patient and nurse, and if the disease is of a malignant type this is by far the best arrangement to make, as the isolation in such a case can be much more perfectly carried out and the danger of the infection spreading elsewhere greatly minimized. It will also prove a convenient and comfortable arrangement for the nurse, who, in this case, can have a room for herself near to that of the patient and shut up the remain-

ing rooms. Prepare the room selected for the patient by removing carpet, curtains or other drapery, pictures, ornaments and superfluous furniture, retaining in the sick room only as much plain furniture as will be required for actual use. Have the aspect of the sick room as pleasant as may be consistent with the demands of the special case, always bearing in mind that the fewer superfluous articles retained the less work it will involve and the less danger of the infection spreading. If the patient is changed from one room to another it is usually advisable that the mattress and bedding that have already been used and infected be taken for use in the isolation room, and the room that the patient leaves should be at once thoroughly fumigated. Before the nurse goes into quarantine she must not forget to select and have taken to the isolation quarters all the various articles that she knows she will require during the period of isolation. These will include bedding, clothing for patient, towels, disinfectants, soap, broom, dust pan, pail, whisk, a tub, for the purpose of soaking infected clothes, wash bowl, dishpan and all the dishes and utensils that she is likely to need. Where the nurse and patient occupy the whole of a flat, or where a conveniently situated bathroom can be set aside for their sole use, the bath tub can be utilized for soaking the infected clothes, and is most convenient and satisfactory; but where this is not the case a light zinc tub, which is easily handled, is well suited for the purpose. When the patient and nurse go into quarantine a sheet is hung across the patient's door, so as to completely cover the doorway, and this is to be kept moist with a disinfectant solution, conveniently accomplished by

frequent sprinklings with an ordinary whisk dipped into the solution. When an upper flat is to be totally isolated from the rest of the house, the opening of the stairway should also be curtained off with sheets treated in the same way with disinfectant. Various disinfectant solutions are used for this purpose, a solution of carbolic acid being probably the one most favored. The carbolic solution is sometimes used of 1 in 100 strength, or even weaker, but a 1-20 solution is very frequently preferred. A solution of formalin is favored by some. Formalin is an aqueous solution of formaldehyde, containing 40 per cent formaldehyde gas. It is a powerful disinfectant, but if used very freely as a disinfectant in the sick room its fumes will prove too irritating to the mucous membranes, and it should, therefore, be used with caution where one must inhale the vapor. While the doctor may give explicit orders regarding the disinfectant he prefers and the means to be employed to prevent the spread of the infection, quite often, especially in the milder infectious cases, the nurse is expected to use her own knowledge and take all necessary precautions without waiting for instructions. All infected clothing, such as sheets, pillow cases, patient's gown, handkerchiefs, towels, etc., when removed should be at once immersed in a disinfectant solution, carbolic acid 1-20, or a 1 per cent formaldehyde solution being commonly used for this purpose. Where quarantine is confined to one room the tub containing the disinfectant is placed in the patient's room and soiled articles immersed as soon as removed. They should be allowed to remain in the disinfectant for at least four hours, and it is a common practise to leave them over night or

for a full twenty-four hours. Before sweeping the floor of the sick room it should be sprinkled with disinfectant solution to prevent the dust rising, and afterward dusted with cloths dampened with disinfectant. The sweepings should be rolled up in paper and sent down to be burned, and the cloths used should either be burned or soaked in disinfectant. All dishes used by the patient should be kept strictly for his own use, and are washed by the nurse and kept upstairs. Separate dishes are also kept for the nurse's own use and may be kept upstairs, or, in some circumstances, may be sent down after being disinfected. In regard to the best places to keep the various utensils, dishes, medicines, etc., the nurse will in each case decide for herself, according to the conveniences afforded by the quarters at her disposal. When the bathroom can be used for this purpose all disinfectants and poisons are conveniently kept there, and medicines, glasses, etc., used for the patient may be kept on a small table in the sick room and covered with a clean towel.

In caring for a patient suffering from an infectious disease the nurse must disinfect all excreta, all utensils used, and be careful that nothing goes from the sick room without having been thoroughly disinfected. All waste sent down to be burned should be rolled up in paper and dampened with disinfectant solution. The nurse must not mingle with the rest of the household, but should keep at some distance when necessary to hold communication with those downstairs who attend to her requirements. When the upper flat is shut off articles sent up may be left on the stairway to be afterward removed by the nurse, and things that must be sent

downstairs may, after disinfection, be placed on the stairway, to be removed when the nurse has left the hall. In all serious cases of an infectious nature it is necessary for the nurse to have an assistant share the quarantine with her, not necessarily another nurse in every case, but at least some reliable person who can assist or relieve her as required. The nurse should, if possible, take a daily walk in the open air, for which she must wear outside clothing that has not been exposed to infection. She should always thoroughly wash and disinfect her hands each time after touching the patient or the bed, and before eating. A long gown is kept outside the sick room for the doctor to put on before seeing the patient. The nurse must see that warm water, soap, towels and disinfectant solution are provided in the bathroom, or wherever the most desirable, so that the doctor can disinfect his hands before going downstairs. No visitors are allowed as long as quarantine lasts, unless, as sometimes happens in urgent circumstances, special permission is granted by the physician, in which case the visitor must take all precautions advised and submit to disinfection as considered necessary by the doctor in individual circumstances.

Free ventilation of the sick room is most important. It is the first requisite for disinfecting the room while occupied by patient. The nurse must contrive to secure free ventilation without allowing a direct draught upon the patient. Screens, if not on hand, may be readily improvised and should be used to protect bed where windows are so situated as to make this necessary.

When permission is given to leave quarantine the nurse prepares for the complete disinfection of the patient, her-

self, and the infected room or rooms. The patient is given a thorough bath of hot water and soap, hair being also washed, and this is followed by a bath of mercury bichlorid, 1-5000 (in certain cases a stronger solution may be ordered), or other disinfectant bath as ordered by the physician. After bath the patient is immediately wrapped in clean sheet or blanket and goes to another room, previously prepared, and provided with clean clothing. The nurse then prepares the sick room and any other infected apartments for fumigation. All utensils, dishes, etc., are washed in disinfectant solution. All infected linen is put to soak in a 1-20 acid carbolic solution—mattress, pillows and blankets are removed and placed so that fumes of disinfectant can find easy access to all parts. All drawers, closets or cupboards in room are left open, so that disinfecting fumes can enter, and everything arranged to facilitate disinfection. Cracks around doors and windows are sealed up to prevent escape of fumes. In some places a health officer is sent to attend the fumigation, but in places where this is not the case the nurse may have to look after it personally, or at least give advice and lend assistance. Rooms may be disinfected with sulphur dioxide or formaldehyde gas. The latter, if available, is the easier method and is frequently preferred. Formaldehyde gas may be generated from formalin tablets burned in a lamp for the purpose, or by the evaporation of formalin, four or five ounces being allowed for 1,000 cubic feet of room space. Evaporation may be effected by heating in vessel placed over a spirit lamp, or it is sometimes done by sprinkling the formalin over sheets hung up in the apartment. There is also an apparatus for generating the

gas and forcing it into the room, and while this is to be preferred, it is very often not available. Formaldehyde gas does not tarnish or bleach articles, as sulphur fumes do. If sulphur dioxide gas is to be used for fumigating, sulphur candles prepared for the purpose may be used, or the gas may be produced by the burning of ordinary sulphur, which has the advantage of being very cheap and easily procured. Four pounds of sulphur are allowed for every 1,000 cubic feet of space, and it may be placed in a pan which is set upon several bricks in a tub containing enough water to cover them, the water being provided to avoid danger of fire from the burning sulphur. A liberal quantity of alcohol is then poured over the sulphur, and at the last moment before leaving the room a lighted match is applied, great care being necessary to stand well back from pan and to avoid inhaling the sudden rise of fumes. After exit the door is sealed and room left for twenty-four hours. It is necessary to exercise great care in entering a room after fumigation and in sealing the windows when preparing for fumigation, if none can be approached and opened from the outside, one window should be left in such a way as to be very readily opened. When entering to open the window, the person doing so should take the precaution of covering mouth and nose with a damp towel, and should pass in and out again as speedily as possible. Before leaving quarantine the nurse must thoroughly disinfect herself, taking a disinfectant bath, washing hair in disinfectant solution and putting on clean clothes in another apartment. All her clothing and outfit exposed to infection are left behind, washable articles immersed in disinfectant solution and other things to be fumigated,

Lessons in Chemistry for Nurses

MINNIE GOODNOW.

Superintendent Bronson Hospital, Kalamazoo, Mich.

LESSON II.

Elements. There are in the world about two hundred and fifty thousand different substances. These, in varying forms and combinations, compose all the things of which we have any knowledge.

When we trace these numerous substances back to their origin, and break them up into their component parts, we find that there are but seventy-eight different kinds of matter. There may be fewer than this, but we have not yet been able to ascertain.

These seventy-eight are absolutely simple substances, which cannot be divided into anything simpler. They are called *elements*.

An element is a chemically simple substance, from which nothing else can be extracted.

Substances which contain more than one element are called *compounds*. A chemical compound is held together by a force which we call *chemical affinity*.

In the iron and sulphur experiment cited above, we had at first a simple mechanical mixture, which upon heating became a chemical compound. The process was as follows: Each molecule of iron contains a fixed number of atoms; each molecule of sulphur likewise. The application of heat broke up the molecules of each substance into their atoms. An exchange of atoms took place, and we had formed a new set of molecules, each containing atoms of iron and atoms of sulphur, held together by chemical affinity. These new molecules were iron

sulphide, a substance quite unlike either of its original elements.

The same thing happens whenever a chemical change takes place. Most of such changes are far more complicated than the example given.

(We find, incidentally, that heat and moisture, or both, are necessary for the production of a chemical change.)

The putting together of elements to form compounds is called *synthesis*. Note later the so-called "synthetic" compounds.

The breaking up of compounds into the elements which compose them is called *analysis*.*

There are, it has been said, seventy-eight elements. These have very different properties, both physical and chemical. For the sake of simplicity, we designate each element by an abbreviation, called a symbol, in some cases a single letter. A part of these abbreviations are from the Latin name of the element. The following is a list of some of the more common elements with their symbols:

(It will be noted that some of the elements are gases and a few are liquids, but that most of them are solids.)

* A chemical analysis of the human body results in some interesting disclosures. We are told that the normal, healthy man who weighs one hundred and fifty pounds is the exact equivalent, chemically speaking, of one thousand hens' eggs. He consists of over thirty-eight quarts of water, which makes up over half his weight; sixty lumps of sugar, twenty spoonfuls of salt, iron enough for seven spikes, two pounds of lime, thirty-five hundred cubic feet of gas, oxygen, hydrogen and nitrogen; over twenty pounds of carbon, or enough for about ten thousand lead pencils; phosphorus enough for about eight hundred thousand matches, and starch, sulphur, chloride of potash and hydrochloric acid in lesser quantities.

Al—Aluminum.
 Sb—Antimony (stibium).
 As—Arsenic.
 Bi—Bismuth.
 B—Boron.
 Br—Bromine.
 Ca—Calcium.
 C—Carbon.
 Cl—Chlorine.
 Cu—Copper (cuprum).
 Au—Gold (aurum).
 H—Hydrogen.
 I—Iodine.
 Fe—Iron (ferrum).
 Pb—Lead (plumbum).
 Li—Lithium.
 Mg—Magnesium.
 Mn—Manganese.
 Hg—Mercury (hydrargyrum).
 Ni—Nickel.
 N—Nitrogen.
 O—Oxygen.
 P—Phosphorus.
 Pt—Platinum.
 K—Potassium (kalium).
 Ag—Silver (argentum).
 Na—Sodium (natrium).
 Sr—Strontium.
 S—Sulphur.
 Sn—Tin (stannum).
 Zn—Zinc.

Compounds are indicated by writing together the symbols of the elements which compose them. For example, common salt—sodium chloride—is a compound of sodium and chlorine; its formula is NaCl. This formula also tells us that the molecule of salt contains two atoms, one of each element. When a molecule contains more than one atom of a kind we write the symbol with a small figure below and to the right. For example, water is H_2O , each molecule containing three atoms, two of hydrogen and one of oxygen. Ammonia is NH_3 , four atoms, one of nitrogen and three of hydrogen.

Equations. An expression of the changes taking place when a chemical reaction occurs is called a *chemical equation*. It is put into the usual form of equation and indicates an addition or exchange. For example:

Iron and sulphur make iron sulphide.

Fe plus S equals FeS.

Zinc and hydrochloric acid make zinc chloride and hydrogen.

Zn plus HCl equals ZnCl plus H.

In experiment No. 3, lesson 1, the reaction is as follows:

Sodium chloride (common salt) and silver nitrate make sodium nitrate and silver chloride.*

$NaCl$ plus $AgNO_3 = NaNO_3$ plus $AgCl$.

Laws Governing Chemical Reactions.

Elements do not combine with one another in any indefinite or uncertain way, but always in exact proportion by weight, according to a fixed law. This is called the *Law of Constant Proportions*.

Elements may, however, combine with each other in more than one proportion. These varying quantities are found to be exact multiples of the smallest amount that can enter into combination. The rule which governs this is called the *Law of Multiple Proportions*.

(This law should be kept in mind particularly in studying the organic compounds.)

Law of the Conservation of Matter.

The total weight of matter resulting from a combination or decomposition is always equal to the sum of the weights of all substances taking part in the reaction.

This means that there is just so much matter in the universe, and that no changes of any sort can affect the amount of each element. There is now in the world no more and no less iron than there was ten thousand years ago.

* Nomenclature. The various compounds occurring with different proportions of the same elements are distinguished by names which suggest their composition. For example, CO is carbon monoxide, CO_2 carbon dioxide, H_2O (water) is hydrogen monoxide, H_2O_2 hydrogen peroxide, HgCl (calomel) is mercurous chloride, $HgCl_2$ (corrosive sublimate) is mercuric chloride or bichloride of mercury.

There is not a grain more or less of silver on our planet than there was in the days of Noah; neither is there more nor less oxygen or hydrogen. The *number* of compounds may be more or less, and the amount of each *compound* may be very different from what it was a year or a century ago, but the entire quantity of each element remains eternally the same. We cannot destroy any element, nor can we create the smallest portion of one. Compounds we may make or destroy, as we possess the requisite

means or knowledge, but the final elements are beyond man's control.

To a casual observer this law seems not always to hold good; for example, in the burning of a candle matter seems actually to disappear. Exact experiments, however, prove that the gases which pass into the air in the process of combustion are, with the ash which is left, equal to the weight of the original substance plus the amount of oxygen consumed from the air in the process. (See Chemistry of Flame, Lesson VI.)

A Few Points About the Care of Sick Children

There is no cry in babyhood without significance. It is very often the nurse's business to find out the cause. In colic or griping abdominal pains the cry is passionate; in exhaustion, it is a weak, pitiful whine. Other conditions cause different cries. Study the character of the cry in babies in general.

A binder which apparently fitted a baby properly before a meal may be too tight afterward, and be the cause of discomfort.

An obstruction in the nose which necessitates a baby breathing through its mouth may interfere with nursing.

In giving milk to young children much care is needed to prevent them from gulping it down too rapidly. In such cases it is apt to form into a tough indigestible curd and cause rise of temperature and discomfort.

In giving medicine to children, especially those who have not been trained

to prompt obedience, much difficulty is often encountered. Fortunately most drugs nowadays have their unpleasantness pretty well disguised. A little tactful coaxing will often work wonders. Bribery under such circumstances is forgivable, if anywhere. If it is very important that the child get the medicine, some novel scheme may be employed. One nurse made a story or play about every dose. The boy was given paper money under his pillow to pay for an imaginary soft drink, and the nurse played she was the druggist running a soft drink stand when she was fixing the medicine. It worked like a charm.

In another case the bribes were put up in the form of prize packages. They were cheap trifles or toys done up in fancy paper—one to be drawn after each dose. The curiosity of the child to know what was in the prize package was quite sufficient to accomplish the desired end to the surprise of the parents, who expected a prolonged fuss.

A few goldfish in the sick room are

quite a source of interest in a tardy or prolonged convalescence.

In feeding children or giving nourishment, vary the monotony as much as possible. Ingenuity will work wonders in getting a good meal taken in spite of a sluggish appetite.

This may occur from the child being overtired or excited by talking, visitors, or games that were too exciting. It may occur because the diet was too stimulating, or the bowels sluggish, or the use of too many dainties. Indulgence in candy too freely has caused restlessness and intense nervousness even in adult



GRADUATING CLASS, 1910, WHITE HOSPITAL, RAVENNA, OHIO.

For the removal of eczema crusts from the head a poultice of common laundry starch, made quite stiff and applied quite warm, will often effect the desired result in twelve to twenty-four hours.

It frequently happens that nervous irritability increases during convalescence.

patients. The strength of a child is not easy to estimate, and it is better to practice great moderation in the time allowed for sitting up till it is safe. After tonsillitis, though, it is often regarded as a minor illness. There is great prostration of strength, though the illness lasts but a few days.

Editorially Speaking

The Coming Hospital Convention

THERE is but one hospital convention each year in the United States. Therefore if you miss it, you have to wait a whole year before getting a chance to get in touch with hospital workers from near and far, and profiting by the inspiration possible only through contact with the best workers in the hospital field. This year the American Hospital Association meets in St. Louis, Mo., September 20-23. It is the first time the convention has gone to the Southwest, that rapidly growing section of this country that opens up such immense possibilities along the line of hospital development.

There are a lot of reasons which might be given why, if you are interested in institutional work, you should make a great effort to attend this convention. Especially should those in the Central West and Southwest plan to attend. There are, as we remarked, many things which might be said about why you should go to conventions, but everybody has said them, so we will not take time to repeat what you know so well.

There is to be a round-table conference of women hospital workers this year, we understand the first of its kind. If you are a woman hospital worker, you of course want to have this first distinctly "woman's session" a great success. Go ready to take part in the conference. Bring to it any particularly "knotty" problem which you have on hand.

Think over the subjects to be discussed in the different papers and be ready to take some part, if it is no more than to ask a question or two. As a matter of fact, few things help along a discussion more than good practical questions. Practice being a "walking interrogation point" at sessions and between times. That is one of the best ways of getting the most possible out of conventions.

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America's Registration Policy

THAT the nurse registration policy as worked out in American laws has proven unpopular, not only to the large proportion of nurses, but to a still larger proportion of physicians and to the general public, needs no special argument. Many of those who were foremost in the work of securing some of the present registration laws frankly concede the fact, and admit their perplexity as to what to do next. They cannot point you to one law out of the twenty-three or twenty-four which we have that has worked satisfactorily nor fulfilled or even approached fulfillment of even the most moderate expectations of its promoters. The demand for less highly trained and cheaper nurses has increased each succeeding year since registration laws have been in force, notably in New York State, where it has all along been most insistent. Correspondingly with the demand, short course and correspondence schools of nursing have increased. The advocates of present registration laws

have led, or tried to lead us to believe, that once such a law was passed the "graduates" of these classes of schools would hide their heads in shame and promptly seek some other field of labor.

When forced to admit that not only the demand, but the supply of this class of nurses is steadily on the increase in registration States, one of the self-appointed leaders consolingly reminds nurses that in spite of rigid registration laws in the medical profession quacks are very numerous. She conveniently forgets in making her comparison with the medical profession that the "quack" doctor must take the very same studies and pass the very same examinations as the physician who has reached the top of the professional ladder; that whether he elects to be a "quack" or not, he must be registered before he is allowed to practice the art of healing. This is only an example of the superficial and misleading logic which has been used to confuse and delude nurses into an acceptance of present registration policies.

The whole system of registration of nurses, as we have it in America, is undemocratic and un-American. It was conceived in England, where the extreme social and class distinctions rejected by the founders of our republic still hold sway. It provides for an aristocracy in nursing and ignores "the common people" who are the backbone of our republic. The very system which we have, which had its birth in England, has been continuously rejected by that country for more than a score of years, though the recent bills which have been presented to the English legislature are an improvement in many respects over any registration laws in existence in America.

The principal of registration as a

means to discrimination and protection is right, but no registration law which is designed to include less than one-tenth of those practicing the art will ever protect the people. If it doesn't protect the public it is class legislation and unjustifiable.

It may seem as "the voice of one crying in the wilderness" to insist and keep on insisting that every woman (or man) who practices the art of nursing for wages should be registered in some class, and should be required to know something definite about nursing before being allowed to enter the nursing ranks to earn a living by service in the sickroom. Yet the experience of the past six or seven years with registration laws and profound impartial study given to the question by some of the brightest minds in the medical and nursing world, has clearly shown that no halfway, selfish, monopolistic measure will succeed. In the beginning three, or perhaps four, grades would seem to be necessary in order that no injustice be done to any class of practitioners. Later on three grades should be sufficient.

To be sure the registering of three grades of nurses will upset the little plan conceived by the originators of the present registration system of tacking the R. N. to the name of the nurse who had registered, in lieu of an academic degree; but the custom never had any justification. We would smile if we saw the letters R. T. after the name of a registered school teacher, or R. H. after a registered horseshoer. Yet there is precisely the same justification for these appendages in the cases of teachers, barbers, plumbers and horseshoers as there is in the nursing field.

In years to come we shall see more

clearly our stupidity in providing for registration and supervision of those nurses who least need supervision, while we have allowed the great wide nursing field to be invaded by any one and every one, however ignorant, who chooses to don a uniform and style herself "nurse."



How Far is the Nurse Responsible

MUCH is being said and written at the present time regarding the so-called "black plague" and the "social evil." Nurses are being urged to join the ranks of reformers and assume the responsibility, or at least share it, of educating the public in this matter. In fact one prominent nurse who is much interested in the subject has gone so far as to urge that each nurse take at least one young man of her acquaintance and instruct him on these lines.

We are told that perhaps eighty per cent of the major gynecological operations are due to gonorrheal infection, and that the great majority of these patients received the infection from their husbands. Whether or not the figures given are true we have no means of knowing, but granted that they are true, what can we do about it? Is the nurse to tell the patients whom she nurses, to what, or to whom their diseases are due? And what will be the result when she has told it? Or is she to tell every other woman that she is to suspect every man of venereal disease and refuse to marry any one she suspects? How much is likely to be accomplished by giving such information? How many women, if they really love the man, will believe him guilty? They are much more likely to put the nurse in the list of meddling busybodies, and distrust her accordingly. Or if they do believe her, how many will

refuse to take the risk? We know of at least two trained nurses who have married patients whom they had nursed through a case of this same so-called "black plague." They took the risk with their eyes wide open because they loved, or thought they loved, the man.

The nurse who enters on a campaign of reform of this kind has a pretty big contract on hand. Without question it is her duty to be intelligently informed about these communicable diseases in order that she may protect herself and others. How far beyond this she is responsible for the abolition of the "social evil" more than one of any other class of women is a pretty big question. After you have discussed its causes and results and given statistics, etc., you come back once more to the ever recurring question, what are we going to do about it? The subject is a sort of fad upon which many women have gone to extremes. They seem to see the "social evil" everywhere, to dream about it, to drag it into every conversation—sometimes by the very hair of the head—for it seemed to have no relation to the subject in hand. The nursing profession has a few of these "professional agitators and promiscuous reformers." They simply have to be reforming something or somebody all the time. Reform is an obsession with them. A while ago it was the hospitals and training schools that had to be reformed. The small hospital must be wiped out. Then it was the almshouses. Now the abolition of the "social evil" is the one chief reform on hand. To say the least, it is a sufficiently large contract to keep one busy for the next few years without touching one other single reform. Would it not be better to entrust this work of reform to physicians who

are in a much better position to deal with it? In the protection of children there might perhaps be occasions where the nurse could be helpful, but it is difficult to see how in hospital or private work the nurse is situated to do much in this sort of reform without getting into ethical difficulties. She can, of course, prevent contagion spreading, and this she undoubtedly will do, but think twice before assuming the role of reformer along the line of the "social evil." It is one that will easily lead nurses into serious difficulties. There are few women more trying to meet than the woman who thinks she has a mission to abolish the "social evil." +

The Civil Hospital, Manila

We always welcome to our columns fair and intelligent criticism or discussion of any subject, for this is both interesting and profitable. But it is always a matter of regret when we are forced to bring before our readers an unpleasant controversy. Sometimes this is impossible to avoid, as in the present instance when we feel that we must give some explanation regarding the letters in the "Letter Box" of this number which refer to the Civil Hospital at Manila.

In the Spring of 1909, we received a newspaper from Manila which contained an article most severely criticizing the Civil Hospital and those in authority at that institution. The article was marked "for publication," but as we did not know who had sent it, it was not published. A short time after we received a letter for publication, bearing upon the same subject, which was published in our August, 1909, number. This letter was not, as Miss McCalmont so rashly concludes, and so injudiciously states, an anonymous letter, but came to this of-

fice with the name and address of the writer, the only way a letter can be published in this magazine. After the publication of this letter we heard no more of the matter for some months, when we received from Miss McCalmont a most discourteous personal letter, accompanied by a letter for publication, a statement for publication, presumably, from the Bureau of Health, some photographs and, incidentally, a subscription.

Wishing to be perfectly fair, we ignored the discourtesy of the personal letter and published the statement and photographs in May, 1910. The letter for publication was held pending an investigation which we immediately set on foot. Owing to the distance and other difficulties we have been some time in getting a report, but it is now in our possession, and is of such a nature that we most earnestly urge any nurse who is thinking of taking up the civil work in Manila to look into the matter most thoroughly before doing so. For she must remember it is no enviable position to be in a foreign country, seventeen thousand miles from home, perhaps without money, and at the mercy of enemies.

Just previous to receiving our report we received the letter and newspaper comment, which we publish side by side with Miss McCalmont's letter in this number. The writer of the letter has been known to us for a number of years, and can furnish other excellent testimonials as to her standing. Her name is withheld for obvious reasons. The records of our investigations, the original of the newspaper comment, also other newspaper clippings, are to be found in our office. Again we urge nurses to inform themselves on this situation before deciding to take up the work.

The Hospital Review

Important Points in Private Hospitals.

An investigation has recently been made into the conditions existing in sixty private hospitals in and around New York City with a view to determining their provision for the safety and reasonable comfort and well-being of the hospital patients. The special commission appointed by the State Board of Charities to investigate has formulated several resolutions, the substance of which is as follows:

The board rules that it is necessary for safety that no patient shall be retained at public expense in any ward of any hospital, wholly or partly under private control, unless suitable provision be made for each such patient in four particulars which the resolutions plainly state. As this ruling of the board has been communicated to the different hospitals, the board expects that what inadequate facilities were found to exist will be immediately remedied. In fact, in many cases the resolutions have been anticipated by the private hospitals in question and they are now busily engaged in making all necessary alterations and improvements.

The patients must be kept either in a fire-proof building, or in a building whose fire protection facilities have been approved by the board. The buildings must be kept in a sanitary condition, particularly as to plumbing, sinks, baths and other similar appliances. The board is especially emphatic as regards ventilation and overcrowding in institutions that occupy buildings which were not originally erected for hospital purposes, and are thus not well adapted to the needs of the work conducted there.

To assure proper ventilation, the board requires that patients should be kept in wards which provide at least 1,200 cubic feet of air for each bed or its occupant. More beds or occupants than thus provided for will not be permitted unless free and adequate means of ventilation exist, approved by the board, and a

special permit in writing is granted by the board, specifying the number of beds or amount of cubic air space, in no case less than 800 cubic feet. That will be allowed only in extraordinary cases, when the permit is to be conspicuously posted in such wards. In addition, the beds must be at least three feet in width and so arranged that the air underneath shall have circulation and furnish adequate ventilation. The endeavor is to keep the space up to 1,200 cubic feet for each patient, less than that being allowed only where superior means of ventilation exist.

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A New Idea in Hospital Construction.

Probably some of the readers of THE TRAINED NURSE AND HOSPITAL REVIEW have read of the newest development in sanitary house construction, an idea of Edison's, by which moulds are made for constructing the house of reinforced concrete, the moulds to be used over and over again, thus lessening the cost. As the moulds are made in sections there is room for a limited variety in design. The moulded house lessens greatly the cost of a home, and experiments are being carried on by Edison, and a number of houses have been built in and around Baltimore and Washington, particularly with a view to improving the housing of wage earners. It appears also that the same idea is to be utilized in hospital construction.

The new State Hospital at Lima, O., will be unlike any other institution of the kind in the United States and probably in the world, says Popular Mechanics. The buildings, all of which are reinforced concrete, constitute a monolith.

Forms were built for the walls, ceilings, floors and roof and the concrete was poured in, making all one solid piece. The whole comprises what is said to be the largest group of concrete buildings in the country.

The arrangement is the result of a desire to isolate the different sections and at the

same time have them strung together by connecting links. Almost two years were consumed by the Building Commission and the architect in devising the plans.

The buildings surround a rectangular court 250 by 500 feet. Each building, or group of buildings, radiating from this court, is known as a pavilion, and each pavilion has an individual court, used by the patients for exercising and sitting in the open air.

To the rear of the hospital is the power house, which will provide power, light, heat, and water supply. Ultimately detached cottages will surround the monolith.

All conduits for electric wires and telephones and all pipes for heating and water supply are built in the concrete. As far as possible wood has been eliminated, the hinges for doors and the anchors in window jambs for steel window guards being sunk into the concrete.

All of the exterior walls have a brick veneer, an interesting feature in concrete construction. There is nothing in the structural parts of the mass of buildings that will disintegrate, and the whole is considered almost indestructible.



The Hospital and Women Internes.

At the present time an agitation which would appear at least to be based on justice, is going on in New York City with a view to inducing the boards of control of hospitals to cease discriminating against the women graduates in medicine as internes. Prominent in the campaign in behalf of the young women medical graduates are Drs. Mary Hoffman Jones and Maude Glasgow. It is stated that there are but two small hospitals in New York City where women are received and extended the same opportunities as men in completing their course of training and securing experience so desirable in the practice of medicine. In speaking on the injustice of the present situation Dr. Glasgow says:

"Take as one example Bellevue Hospital. Scores of our women medical graduates have made application there to take the examination with the men. In the large new building that this institution is now erecting I understand that no provision has been made to take in women internes.

"Practically all of our hospitals are largely

supported by women, who are among the most liberal contributors to this kind of philanthropy. And, as I have stated, a large percentage of the patients are of the same sex, so the ban placed upon the women physicians by the male boards appears to be all the more unreasonable."

"This barring of women physicians from the opportunity to gain practical experience in the work of our hospitals is terribly unjust. While the prejudice, not only among men, but among women as well, that has been directed against the women who have dared to enter the profession has been decreasing of late years, it has not reached that altruistic stage for which we still hope. I do feel, however, that most of the men who are opposing us are not really conscious that they are not giving us fair treatment in this matter."

"The patients in the city hospitals are, for the greater part, women and children. It does not seem at all unreasonable that competent, although possibly young and more or less inexperienced, women graduates of medical schools should be permitted to attend these kinds of cases. We at least ask that we be permitted to have equal opportunity with the men physicians."

"Under the present conditions the only way that a girl graduate can get a chance to work in a dispensary is possibly through some influence with a board member. To say the least, such a method is very far from satisfactory to the rank and file of the female graduates. All we ask is just an ordinary display of justice and no favoritism."

That the agitation will be productive of good is probable. If women are to practice medicine they should be allowed the fullest opportunity to increase their efficiency. In a letter relating to the interne question in general one of the most prominent medical men in the country advised a woman superintendent of a hospital to try to secure a woman interne, adding that in his experience he had found them more faithful as a rule than men.

One great difficulty lies in the fact that in most hospitals there is one certain section of the building fitted up for internes, but no provision is made for separate toilet facilities, sitting rooms, etc., for the sexes. So it becomes somewhat a problem in accommoda-

tion at the very start. It does seem, however, that one or more women internes might be accommodated with a little readjustment of existing conditions in the larger hospitals, and for the sake of humanity in general we hope the agitation will succeed.

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Mount Hope Hospital.

Mount Hope Hospital, of Huntington, one of the most complete institutions in West Virginia, was thrown open for public inspection with a delightfully arranged reception August 1. Dr. R. E. Vickers, the official head, together with Dr. H. H. C. Solter, and the superintendent, Mrs. Mary A. Morgan, have worked assiduously for months to equip a hospital so perfectly that it would attract the entire tri-State country.

One of the many attractive features is the electric room on the first floor, which is in charge of Dr. H. C. Solter. In it are to be found a beautiful electric bath cabinet, vibrator chair, X-rays, electors, static machine and every other contrivance suited to it.

The laboratory, also on the first floor, is in charge of Dr. Pence, and here all chemical analysis is performed.

The operating room on the third floor is one that must be seen to be appreciated.

The entire apartment is in white, heavily enameled and without a corner or resting place for dust. The floor is of white tile and everything else is steel and glass. The room is lighted by a number of large windows of Florentine glass.

Illustrative of the complete equipment of the institution is the fact that in the back yard Mrs. Morgan, the superintendent, has installed a poultry house and runway, which contain a number of hens noted particularly for their laying ability. These furnish fresh eggs for the patients.

The official staff is: Dr. R. E. Vickers, president; Mrs. Mary Morgan, superintendent; Miss Virginia Woods, head nurse.

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Pennsylvania Hospital.

The Pennsylvania Hospital, Philadelphia, has issued its 159th annual report. This, the oldest of our American hospitals, dating back to 1751, is also one of our largest and most complete institutions. Besides the regular

departments found in large, well-organized general hospitals, it has also a department for the insane. In this latter department the high average of 39 per cent of recoveries are reported for the year. It is said to be largely due to the admission of patients in the early stages of mental disease. The report of Dr. John B. Chapin, physician-in-chief and superintendent of this department, is full of interest to all concerned in the welfare and care of such patients. Incidentally Dr. Chapin remarks that the restoration of the general health is one of the most important factors in dealing with patients who are mentally deranged. He says "There are scientific instruments of precision which may record various interesting phenomena, but a Fairbank's scale is one that may properly have a place in the armamentarium of every hospital."

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Methodist Hospital.

The Methodist Hospital, Philadelphia, will erect an additional building at a cost of \$45,000. It will be called Bradley Hall, in honor of the president of the Board of Trustees, who has subscribed \$35,000 for the needed improvements. The new building will provide quarters for the superintendent, internes and employes, besides accommodation for fifty additional patients, four large wards—two medical and two surgical—each on two floors. At the end of each ward are new large screen enclosed porches, where the patients may be rolled in their beds to get the necessary fresh air and sunshine from a Southern exposure. On each of these floors is a large diet kitchen fitted with steam oven, with every modern convenience. A recovery room, a quiet room, a surgical dressing room, medical and surgical bathrooms and two lavatories.

On the first or lower floor is to be the free dispensary and clinic. Two admitting rooms, for white and colored patients, then different rooms for medical, surgical, gynecological, and ear, eye, nose and throat treatment. A pharmacy is also to be placed here for the dispensing of prescriptions. At one end of this lower floor is placed the plant which controls the electric fan for ventilating purposes. The air by this means is changed every four minutes.

Miss Ethel Smith is superintendent.

Notes and News.

The North American Sanitarium, for children suffering from surgical tuberculosis, has been opened at Atlantic City. It already has fifteen little patients, who are being treated free of charge. The location is considered ideal for such work, and the sanitarium will combine the features of both a hospital and home. Miss Anna Van Valkenberg, a graduate of Pennsylvania Hospital School for Nurses, is in charge.

Mr. John Ross Robertson has erected a tuberculosis pavilion for the treatment of children suffering from tuberculosis. It has been presented to the Board of Managers of the Hospital for Sick Children, and is located on Toronto Island, near the Lakeside Home.

The R. A. Kinloch Home for Nurses has been completed in connection with the Roper Hospital, Charlton, S. C. Before the earthquake funds had been collected and set aside for this purpose, but the earthquake wrought such damage to the hospital property that it was removed to another site. The matter of the home for nurses was dropped for years, though the little fund in the bank kept slowly adding to itself. The present building is complete and well equipped, and is an altogether happy ending to a long delayed project.

A \$30,000 addition is to be made to the Nicholas Memorial Hospital at Battle Creek, Mich. The addition will give the hospital twenty additional rooms, an operating suite, laboratory and other much needed improvements.

By the will of the late J. H. Huber, of Pana, Ill., \$50,000 is to be devoted to the erection of a charitable institution, and it is expected that a hospital for Pana will be decided on.

Logansport, Ind., will receive \$80,000 for the erection and maintenance of a hospital by the will of George E. Johnson, a former resident.

Hackley Hospital, Muskegon, Mich., treated 650 patients last year. One hundred and twenty-five babies were born there.

Quite a popular feature is the hydrotherapy department, that is heavily patronized both by persons receiving care in the institution and others paying regular visits there from without in order to gain the benefit of its electric light baths, Turkish and Russian baths, and other treatments. In all, 557 treatments were thus given, 274 to persons from outside.

In the hospital laboratory there has been another heavy year of work. Physicians of the city and physicians from neighboring cities and villages send specimens there for examination. Besides all that was done for the regular patients, 179 special examinations were thus made.

Hackley Hospital also pays the salary of the visiting nurse. In the latter work, a total of 1,524 visits were made in the year.

There are twenty nurses in training. Miss Elizabeth Greener is superintendent.

Macon, Ga., is to spend about \$600,000 in improving the Macon Hospital. A sanitary smoke-and-odor-proof kitchen is to be installed as one of the improvements.

The New England Hospital for Women and Children will erect a new children's building.

The Sisters of Charity will erect a new \$100,000 building in Cincinnati, O., for the Good Samaritan Hospital.

An addition, three stories in height, is to be made to the Episcopal Eye, Ear and Throat Hospital, at Washington, D. C.

An unusual number of heat prostrations have been treated by Philadelphia hospitals this year. In several of the institutions the roof gardens are being utilized for this class of patients, while other institutions have provided tents on the lawns.

Miss Edith M. Maynard, Class '08, Elliot City Hospital, Keene, N. H., is convalescing from her very serious illness and is in Vermont.

Mrs. Margaret Grismore, a successful private nurse of Fort Worth, Texas, has gone to her home in Indiana for a much needed rest.

In the Training School

CONDUCTED BY CHARLOTTE A. AIKENS

Institutional Nursing

(Continued from August.)

In the city of Detroit this past year the librarians and the school teachers have made a dignified appeal to the city authorities for better wages. In each case the public was surprised to learn that the salary condition was as meagre as it was, and public sentiment backed up the workers in their request for an advance in remuneration. In the case of the librarians, the figures were strikingly small, and the raise was granted after little discussion. Our notions of ethics would receive a severe jolt if the head nurses stated their cases as frankly through the press as did some of these workers, but it is fair to suppose that if the public knew the facts, it would be quite as sympathetic with this class of workers as with these others mentioned. Many boards of managers would also, if the matter were put fairly and squarely before them by the superintendent, when the salary they have been accustomed to pay is inadequate. The untrained cook in Detroit asks six dollars a week and her board and room in a private house, and gets it. The nurse, who has invested two or three of the best years of her life in training, and who has demonstrated her ability along executive lines, is surely worth twice that sum as a minimum wage. As she gains experience in administrative responsibility, she is worth more than that. There is very great need for a readjustment of standards along this line, that will make head nurse positions in every hospital as well worth while in hospitals in general as they now are in numbers of cases.

Another phase of institutional work which has received much less consideration on the part of hospital trustees than it deserves and which has a very real and practical bearing on the question of institutional nursing, is the degree of restriction in regard to Sunday

work, which is enforced. I know of hospitals in which Sunday is made a "field day" in the operating room, in which clinics are held, and the work goes on just as it does on the other six days of the week—only more so. I have known of hospitals in which, to accommodate the doctor who was to lecture, a whole course of lectures was arranged for Sunday night. The latter condition is, I hope and believe, exceptional; the former unfortunately far from being as rare as it should be. If the rule is not to make Sunday one of the operating days, the custom of allowing any slight pretext of an excuse to form a reason for Sunday operations is all too common. They become more and more common unless the superintendent and the board take a firm stand against any but actual emergency cases being operated on. The "Hoosier Schoolmaster" was not far astray when he remarked, "We're all selfish, accordin' to my tell," and the average physician, and especially the surgeon, is no exception to the general rule. He has in many cases no hesitation at all in asking that the nursing force be deprived of the Sunday rest which is their due, in order that he may accommodate his patient, who will thereby lose one day less from work or in order that he may have some medical or lay friend see him operate, who cannot be present the following day. These and equally trivial reasons are brought forward again and again as a reason for Sunday operations. When the chief surgeon of the hospital happens to be a man of this type, it is not strange that institutional nursing is unpopular in that hospital, or that the superintendent is often heard to remark that "good head nurses are hard to find." No good head nurse will very long be content to remain where her right to rest and reasonable hours of work are not



Florence Nightingale

Born in Florence, Italy, May 20, 1820. Died London, England, August 13, 1910.
(Illustration reprinted from THE TRAINED NURSE of December, 1891.)

recognized. No Czar of Russia is more merciless nor exacting nor heedless of the rights of others than are some surgeons in regard to hospital workers, and where there is a weak, yielding president and board, who can be so overawed by the presence of such a man on the staff that they weakly yield to every demand, the problem of retaining capable head nurses in that institution is exceedingly difficult to solve. Under the best of conditions, hospital work is hard, constant and nerve-racking. It is fascinating and has many delightful compensations, but Sundays and week days, Christmas and Easter, Thanksgiving and the Fourth of July, Summer and Winter, the work must go on without cessation. The half-day on Sunday and half-day during the week are as necessary to the institutional nurse as to any other class of the world's workers. To reach that ideal of justice to hospital workers should be quite as much an aim of the managers as to reach a high grade of efficiency along other lines. It is far from being an impossible ideal, given a superintendent and a board of trustees who honestly desire to have it, and who will constantly exert themselves to safeguard the rights of the resident hospital working force.

The other side of the question, as it relates especially to head nurses, will be discussed in a future article. There is much to

be said on the other side. But the fact remains that there is real need for reform in many institutions in relation to institutional nursing. We need a course of training in many large hospitals that will make it possible for the head nurse to gain a wider knowledge of hospital management than that which comes to her naturally in her own department. If this full, comprehensive course is given, a smaller salary is justifiable than where it is not. The minimum figures of \$30 or \$35 a month are too small for a capable trained woman. Where faithful, efficient service is given, there should be a substantial advance till the maximum point is reached.

I have known superintendents and trustees to let a capable operating room nurse go when ten or fifteen dollars a month added to her salary would have retained her valuable services for years. It is easy to waste ten dollars each month in an operating room, and hundreds of ten dollars are wasted in the operating rooms of the country through inefficient supervision in that department. It doesn't pay to carry economy to the point of underpaying capable hospital workers. A thorough ventilation of these phases of institutional nursing by hospital superintendents and trustees would undoubtedly have a wholesome effect on conditions in general throughout the country.



GRADUATING CLASS, 1910, MEMORIAL HOSPITAL, JOHNSTOWN, N. Y.

Book Reviews

Nursing in Diseases of the Eye, Ear, Nose and Throat. By the Committee on Nurses of the Manhattan Eye, Ear and Throat Hospital (J. Edward Giles, M.D., Arthur B. Duel, M.D., and Harman Smith, M.D., assisted by John R. Shannon, M.D., and John R. Page, M.D., with chapters by Herbert B. Wilcox, M.D., and Eugenia D. Ayers). For sale by the Lakeside Publishing Company. Price \$1.50.

The authors have in this volume supplied a long-felt want, for much of the subject matter contained therein is usually to be found only in text books especially intended for physicians and medical students. To quote from the preface: "In looking about for a book on nursing which would serve as a text book for the nurses in the training school, we were unable to find one which seemed exactly adapted to our purpose. A practical difficulty in the preparation of such a book arises from the fact that the preliminary education of nurses varies so greatly. For this reason, certain things which are too advanced for some are elementary for others." Accordingly, the authors have begun at the beginning and have dwelt upon all the essentials of the work under consideration with most satisfactory results.

The book consists of five parts, each subdivided into several chapters, there being twenty-six chapters in all. Part first, consisting of ten chapters on general considerations of the principles of nursing, both elementary and with attention to these special lines of work, contains the following headings. 1, Germ Theory of Diseases; 2, Antiseptic (Oxidizing Agents and Reducing Agents); 3, Disinfection of Rooms and Clothing; 4, Sterilization (of the Hands, of Dressings and Bandages, of Instruments); 5, Preparation of Operating Rooms; 6, The Nurse's Duties at Operations; 7, The Nurse's Duties in Emergencies (Hemorrhage, Vomiting, Erysipelas, Drug Poisoning, etc.); 8, Management of Troublesome Children; 9,

The Ideal Nurse and Her Conduct in the Sick Room; 10, The Feeding and Care of Infants (Sleep, Temperature, the Bath, Convulsions, Infants' Diseases, etc.).

Notably among these are the chapters on antiseptics, sterilization, the duties of the nurse at operations and in emergencies, the management of troublesome children, the ideal nurse, and the feeding of infants. The last mentioned topic is presented in a particularly lucid manner, for in a short space this important ground is so well covered and so well expressed that the veriest novice may understand the principles intelligently. The chapter on the management of troublesome children is excellent.

Part second deals with the eye, and there are six chapters, as follows: 11, Anatomy and Physiology; 12 and 13, Common Remedies Used in the Treatment of the Eye (Antiseptics, Anaesthetics, Mydriatics and Myotics, etc.); 14, Eversion of Lids, Retractors, Drops, Solutions, Ointments; 15, Contagious Eye Diseases (the Nurse's Duties at Operations, Anaesthetics); 16, Eye Instruments and Appliances.

Of these, the chapters on the common remedies employed in the treatment of eye affections, and the care of those suffering from contagious eye diseases, are deserving of special mention.

The third part is on the Ear. The five chapters are: 17, Anatomy and Physiology of the Ear; 18, Examination of the Ear (General Method and Instruments Used, Tests for Hearing); 19, Diseases of the Auricle and External Auditory Canal; 20, Middle Ear Diseases (Preparation for Mastoid Operation); 21, Diseases of the Internal Ear (Suppurative and Non-suppurative Labyrinthitis).

The section on Mastoid operation is worthy of comment, as also is the chapter on examination, with tests for hearing.

Part four considers the Nose. Here are two chapters (22) on Anatomic Description of the Nose and Accessory Sinuses, and (23)

on Diseases of the Nose. The description of the Accessory Sinuses is brief and at the same time comprehensive. Under the diseases, there are short paragraphs on the various forms of Rhinitis (Acute, Chronic, Atrophic, Membranous, etc.), Epistaxis, Hay-fever, Lupus, Tuberculosis, Syphilis, Deviations of the Septum Nasi, Fractures and Sinusitis, and the treatment of each condition is briefly outlined.

The fifth and last part is devoted to the Pharynx and Larynx. The three Chapters are: 24, Anatomic Description of the Pharynx; 25, Diseases of the Pharynx (Pharyngitis, Tonsillitis, Adenoids); 26, the Larynx (Anatomy, Examination, Laryngeal Oedema, Benign and Malignant Tumors, Tuberculosis, Syphilis, Foreign Bodies, Irrigation, Inhalations, Tracheotomy, etc.).

A well-compiled index completes the volume. There are many cuts of instruments to enable the nurse easily to familiarize herself with their names and appearance, and the book is profusely illustrated with half-tones from original photographs by Dr. E. G. Zabriskie.

The nurse who wishes to engage in eye, ear, nose and throat work will find in this book a clear and concise exposition of all the necessary details coming under those headings.

E. F., JR., M.D.

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Hygiene and Morality. A manual for nurses and others, giving an outline of the medical, social and legal aspects of venereal diseases. By Lavinia L. Dock. For sale by The Lakeside Publishing Company. Price \$1.50. The author tells us that the plan of this manual has grown from the scope of a paper presented by the author to the International Congress in London, and that the chief purpose aimed at is to point out the social significance of the venereal diseases and the crusade upon which women should enter in regard to them. Therefore, though the book is designed primarily for the nursing profession, the author hopes it may be useful to many other women as well.

The book is divided into three parts, the first, The Venereal Diseases, gives the historical outline, cause, general results of ex-

periments, symptoms, heredity, statistical estimates, etc. This we find most excellent. The author has given instruction and information that cannot help but prove of value to women, who, for the most part, are very imperfectly informed on these subjects.

Unfortunately this portion of the book occupies but a scant third of the volume, and when the author branches off into other subjects, namely, Prostitution and The Prevention of Venereal Disease, she is most unconvincing and seems to have gone beyond her depth. She believes that the social evil demands not regulation, but complete suppression, and has approached her subject from this standpoint. She places the social evil in the same list with smallpox, typhoid and tuberculosis, and would deal with it accordingly. Consequently she loses sight and takes no account of such things as human passions, human desires, human frailties. Moreover, we read but a few pages before we come amuck of the author's pet hobbies, sex antagonism and votes for women. In fact, when all is said, we must allow that the greater part of the book is simply an argument for votes for women. There will be a long process of human evolution before Miss Dock's dream of uncompromising suppression of the social evil can be seriously considered except as an iridescent inspiration.

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Pocket Therapeutics and Dose Book. By Morse Stewart, Jr., B. A., M. D. Fourth edition, rewritten. Small 32mo of 263 pages. Cloth, \$1.00 net. For sale by the Lakeside Publishing Company.

In the fourth edition of this very useful and concise manual the text has been thoroughly revised, all obsolete remedies omitted and newer ones added. It covers prescription writing, abbreviations, classification, therapeutic uses and dose table, index of diseases and remedies, tables of poisons and antidotes—in short, it contains in small space an immense amount of information regarding medicines in general. It is designed for the use of physicians, nurses and pharmacists, and a copy might very profitably be hung in or near every medicine cupboard in hospitals for daily reference.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

Reply to Manila Nurse.

The letter given below is written in reply to a letter which appeared in the August, 1909, number of *THE TRAINED NURSE*, over the signature, "Manila Nurse." See Editorial.

To the Editor of The Trained Nurse:

Anonymous communications are never worthy of either publication or reply, but as your magazine has seen fit to print the *unsigned* article on the Philippine Service, which is but a series of misstatements, it is, perhaps, just as well to print a *signed* one from a person who knows the facts.

I will take the inaccuracies of this "Manila Nurse" in the order she has set them forth.

The only nurses who are caring for leprosy in the Islands are the French Sisters of Mercy. No American nurse has ever been asked or expected to do this service, nor do they ever come in sight of or contact with lepers unless of their own volition. To the credit of our profession, be it known however, that recently as many as five American and English nurses have written to the undersigned and asked for positions in the Culion Leper Colony, where the Lepers of the Philippines are segregated, but thus far their applications have not been considered. The Baguio Hospital is situated in the mountains in one of the most beautiful locations to be found anywhere. One leaves Manila by train at 6 A. M. and arrives at Camp No. 1 at 3 P. M., and takes the remainder of the journey by automobile over one of the finest mountain roads in the world, arriving at 6.00 P. M. the same day. So much for the "day and a half" trip referred to by this well informed (?) "Manila Nurse," who says nothing of the gorgeous scenery which makes this trip a memory of a lifetime.

In March, 1909, the undersigned agitated the question of laundry allowance. The matter was put before the Legislature, the bill

passed, and the Government has paid for the nurses' laundry since August 1, 1909. The "Manila Nurse" fails to state however, that laundry is the cheapest thing in Manila. Seven (7) centavos per piece is a very good price, while many Chinamen will take it for five and six centavos. A centavo being but a half-cent in our money, laundry costs but from 2½ to 3½ cents United States currency per piece. A dress can be one piece if the skirt and waist are made together. A pair of stockings is one piece, also a handkerchief or belt.

Though we wear white all the year round, I doubt if any nurse under any circumstances would consider such laundry rates a hardship.

The Government will actually pay a nurse's transportation to Manila in advance (except incidentals). For the protection of the Government, however, this sum is deducted at the rate of 10 per cent. of their salary per month until the expiration of two years time, when it is all refunded, and even her bill for incidentals is reimbursed as well as half salary for the time consumed in the voyage across. In the opinion of the undersigned, this is not only fair but most generous. Naturally if a nurse resigns before her two years has expired, this money is forfeited. As it never came out of her own pocket, it can scarcely be considered a personal loss.

All nurses are informed before they come out here that return transportation is not paid. She can always get Government rates on the liners however, which is \$100.00, less than the regular passage though the accommodations are the same, and very often can get return transportation on a transport which costs nothing but subsistence, at the rate of \$1.00 per day.

Concerning hours of duty, this "Manila Nurse" has again deliberately misrepresented the case. There are never more than three

American nurses on duty at night, generally but two, and two American attendants. The nurses have been getting, in regular rotation, two weeks midnight duty, two weeks afternoon duty and four weeks of morning duty. Thus it will be seen that a nurse gets eight hours night duty actually two weeks out of every eight—instead of four out of every six, as our mis-informant tells us. It is expected that within a month or two, the pupil nurses will be put on night duty with a one-night superintendent in charge, which will lessen night duty for the regular nurses.

We note with pleasure one truthful statement: "The work itself is not particularly hard." The office time-book shows a daily average of fourteen American nurses (including the superintendent), five American attendants, six Filipino attendants, thirty-seven muchachos (ward boys, etc.), besides the office force and a daily average of about thirty pupil nurses (who do five hours duty a day, either morning or afternoon). This force to take care of a daily average of sixty-five house patients! These figures are taken from February, 1909 (when the undersigned went into office) up to the present time, and since the beginning of her service in the Civil Hospital (November, 1908) she has never known a nurse either at San Lazaro or the Civil Hospital to be asked to do or assigned to twelve-hour duty!

The "Manila Nurse" states that "no excuse is adequate for the condition of the American nurses' quarters." Enclosed are photographs of the nurses' homes at San Lazaro and Civil Hospitals*. The former is new, sanitary and thoroughly attractive. The second is an old Spanish home, in very bad repair, but so attractive that when arrangements were made nearly three years ago to rent new but less attractive quarters and the nurses were ordered to move into them, they flatly refused to go, preferring the old place on account of its picturesqueness.

Seniority of service has been eliminated as the factor in promotions, for by such arrangement we would have had some very undesirable persons in positions of responsibility.

Following are some sample questions and answers from the examination papers of a

woman who poses as a nurse, and who managed to stay in the service six years.

Question: Describe the Kelly pad and its uses.

Answer: The Kelly pad is used principally in cases of fracture and dislocation.

Question: What is the lochia? Describe the changes that take place in it in a return to the normal condition after labor.

Answer: After child labor the lochia contracts and becomes its normal size.

Question: What is ophthalmia neonatorum? What attention to the child is necessary to prevent its occurrence?

Answer: The child should be well nourished and kept in a hygienic way of living.

This person stayed in the service six years and is now one of our chief complainants.

Can anyone believe that even sixteen years of service (unless in a training school) would ever render such material fit for promotion to advanced and responsible positions? And would it be fair to a new applicant who might be really capable and intelligent to be made subordinate to a woman of this calibre?

Great was the indignation recently when the undersigned refused to recommend the re-appointment of a nurse who had served four years but whose examination papers were barely passing. This nurse in describing the care of the new-born infant's eyes, advocated the use of nitric acid! She also failed utterly in endeavoring to give the apothecaries weight.

And so the past twelve months have been engaged in "weeding" out the service and making vacancies for the desirable applicants. If the "Manila Nurse" would be honorable enough to sign her name she would be found to be one of the "weeds." We want fine women over here, women who know the meaning of "loyalty" and "service" and "honor." We know such nurses exist and we intend to have them in the Philippines.

There is no greater field for American women, and considering the nature of their work and their hours of service, the nurses of the Philippine Civil Service are the highest paid and most generously treated of any institutional nurses in the world.

Very truly yours,

MABEL E. McCALMONT, R. N.,
Supt. Civil Hospt. Div., Supervising Nurse,
Bureau of Health.

*Published in the May number.

ADVERTISEMENTS



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A food of great
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Recognized, recommended and endorsed by leading medical authorities: — for Marasmus, Infantile Diarrhoeas, Inanition, Typhoid Fever, Dysentery, Gastritis, Gastric Ulcer, Pneumonia, Dyspepsia, post-operative convalescence, etc., etc.

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TRADE MARK

Reply to Miss McCalmont's Statement in May Number.

To the Editor of The Trained Nurse:

In the May number of *THE TRAINED NURSE*, in the Nursing World Department, I notice an article by Miss Mabel E. McCalmont regarding the Philippine Service for nurses.

For the benefit of nurses who may be contemplating entering the service I should be very glad if you would give space to the following statements from one who has seen service in the hospital since Miss McCalmont took charge.

The article in question reads very fairly and if the Civil Hospital was managed with equal fairness there would be little cause for complaint.

As a matter of fact, considerable reading between the lines is necessary.

Between February, 1909, and January, 1910, fourteen nurses severed their connection with the Bureau of Health and two more have done so within the past two weeks.

The Civil Hospital is entitled to a force of seventeen graduate nurses, but has not averaged twelve on duty for the past year and a half unless I have been wilfully misinformed. With fourteen changes in this small staff within less than a year, the service could hardly be very attractive.

All these nurses have left for the same reason (i. e., the unbearable conditions existing at the hospital since Miss McCalmont took charge), although for policy's sake they have not all put this charge in writing.

These nurses had served anywhere from seven years to one month in the Bureau of Health and numbered retired Army Nurses, Federal Civil Service Nurses and nurses who had filled hospital positions in the States.

Seven of these fourteen nurses who have left the Civil Hospital have transferred to the Bureau of Education, and although they had had no previous experience as teachers, they have been successful in their new work and all agree that they have been well treated in the Bureau of Education. I will enclose a clipping from the *Philippine Free Press* (one of the Manila papers which circulates among both Americans and Filipinos). The May *TRAINED NURSE* also contained pictures of the nurses' quarters at the Civil Hospital, also at San Lazaro. The *entrance* is beautiful, but the quarters themselves are old and

terribly unsanitary, and are utterly unfit for the home of an American woman.

An ample allowance is made by the Assembly to the Bureau of Health to provide good quarters and good food for the nurses, neither of which they get. The food is almost uneatable. The existing conditions have been reported to the head of the department many times and an investigation asked for. The only result of these requests has been petty persecution. In one case the head of the Bureau is reported to have told a nurse who was making an effort to get justice to "go and bust yourself."

The unsuspecting nurses in the States who read articles like Miss McCalmont's and do not read between the lines the actual conditions come out here (seventeen thousand miles from home and usually without money or friends) and find that they are bound by contract for two years of service in a bureau in which justice and fairness are unheard of and where Might makes Right.

ONE WHO KNOWS.

CIVIL HOSPITAL NEEDS AN INVESTIGATION.

"From the beginning it might be said of the Civil Hospital as of man that it has been 'full of trouble.' Many persons here will remember the Yemans-Stafford imbroglio in the early days and there seems to have been more or less of imbroglio ever since.

"There is probably not a newspaper in Manila which has not been approached several times in the past year or two and urged to ventilate the affairs of the hospital with a view to reform, and there is probably not a newspaper which has not shrunk from the task, for it is not a pleasant one.

"The *Free Press* opens the matter at this time in response to repeated and insistent urging. There are many features of the hospital as now conducted which are very unsatisfactory both to the nurses and the patients. The burden of many of the complaints is the questionable economy being practiced by the present superintendent, Miss McCalmont, with the sanction of the director of health, Dr. Heiser. Were there no loss of efficiency from such economy it would stand to be commended, but when, as is testified in many cases, such economy goes so far as to result in a lack of ice, a lack of

FOR THE TOILET

AND
BATH



FOR
HOUSEWORK

Two Soaps with but a Single Thought—

"CLEANLINESS"

milk and cream, a lack of clean linen, and even a lack of spoons, it is time to call a halt.

"As a result of this state of affairs there have been many protests from patients during the past few months, and people are being advised not to go to the Civil Hospital for treatment.

"Dissatisfaction—and that is a mild word—has also arisen over the treatment of the nurses by Miss McCalmont. At least three or four are said to have resigned on her account.

"There are a number of other features which might be broached and, taken altogether, they are certainly sufficient to call for an investigation. And if the Secretary of the Interior has the welfare of the hospital at heart he will order an investigation upon his return from his present trip through the northern provinces."

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In Defense of Miss Nelsen.

To the Editor of The Trained Nurse:

Having read with interest the article written by Miss Nelsen in the May number of

this journal, also the various criticisms and her own explanation pertaining thereto, I wish to express my views of the subject. I can readily understand how she was obliged to send in such a large order for things needed about the sick room. I have been in the country myself many times and have had to put up with just such conditions and know whereof I am speaking. My experiences were not in the least to be desired. Fifty yards of mosquito netting are but a "drop in the bucket." I should think it strange more was not used. As for the bedbugs! Well, she did her best, I am sure, to exterminate them. There is one question I would like to ask. Why would not two bedpans have been sufficient? They could have been disinfected alternately. The nurse did the best she could under all the circumstances and I see no reason why she did not get her full pay. The people were, to say the least, extremely ungrateful. No matter what method a nurse may employ in taking care of a case, some one is sure to find fault with it.

FLORENCE R. POND.

Changes in Army Nurse Corps.

APPOINTMENTS.

Evangeline Duffy, graduate of Saint Joseph's Hospital, Philadelphia, Pa., night superintendent of Garretson Hospital, Philadelphia, and superintendent of Training School, Saint Joseph's Hospital, Lancaster, Pa.

Clara M. Ervin, graduate of Worcester Insane Hospital, Worcester, Mass.; also supervising nurse at Worcester Hospital, and nurse at Bellevue Hospital, New York City.

Myra Eva Hummel, graduate of the Hospital of the Protestant Episcopal Church, Philadelphia; also assistant superintendent of the Lying-In Charity Hospital, of Philadelphia.

Cora Miller, graduate of Samaritan Hospital, Troy, New York.

Rhoda M. Wright, graduate of the Monmouth Memorial Hospital, Long Branch, New Jersey.

DISCHARGES.

Anna L. Davis, July 1, 1910; Mary H. Hallock, August 8; Louise Maguire, August 1; Ethel J. Pinches, July 13, and Valeria Rittenhouse, August 8, 1910.

TRANSFERS.

From San Francisco to Fort Bayard, New Mexico, Edith H. Rutley.

From Philippine Division to San Francisco, July 12, 1910, Gertrude H. Lustig and Valeria Rittenhouse; August 12, Lyda M. Keener and Elizabeth D. Reid.

From San Francisco to Philippines Division, Anna B. Carlson, Carrie L. Howard, Sarah T. Little and Bessie Kelly (from Fort Bayard), on August 5, 1910.

From Division Hospital, Manila, to Camp Keithley, P. I., Florence W. Thompson.

From Camp Keithley to Division Hospital, Manila, P. I., Junia Hattie Latimer.

JANE A. DELANO,
Superintendent Army Nurse Corps.

ADULTS/CHILDREN PER ROOM	WOMEN'S WARD	JOY'S WARD MILK FLUIDS	JOY'S WARD CLUMP FLUIDS	JOY'S WARD PRIVATE ROOMS
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In the Nursing World

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Massachusetts.*

DR. HUGH CABOT: When I received the report of the American Hospital Association, which was kindly sent me some weeks ago, I read it with very great interest and pleasure, and was struck, as has been previously said, by the great similarity in the construction of that association to this. The same elements are at work there as have been at work here, except that they cover a wider field and have a more representative body. I was sorry when I received the circular of their meeting that I was not a member of their association and was not going to hear their papers, because it seems to me a very powerful association, which is bound to have very great effect. The temper of this report struck me as being surprisingly good, surprisingly little with which even the most captious could find fault. The crux of the situation, I think, is going to come, if I remember rightly, in class 1 of their hospital classification. Yes, isolated small hospitals, which, as is properly stated here, is, I suppose, very much the largest class and the increasing class. The mushroom growth of small hospitals is the characteristic condition of the last fifteen or twenty years. The solution of the problem of their nursing seems to me to be in combination. Each one of them undoubtedly has certain valuable and peculiar characteristics. If there were combinations between small hospitals and special hospitals, especially such hospitals as clearly ought not to maintain a training school, and yet which can give a very valuable training along a rather narrow line. Now, if they were supplied with nurses, we will say, from half a dozen small hospitals situated throughout the surrounding one or two hundred miles, these nurses to serve for a sufficient length of time, perhaps six months, both would benefit. The

special hospital would be supplied with all the nurses needed, who had a good general training. The small hospitals would be supplied with what they couldn't get in any other way, special service, and their nurses would be getting a training closely approximating that of the larger institutions. In this way it might, I suppose, be possible to give a three years' course. In other words, these different hospitals would work together somewhat after the plan of medical education in England, where a student may study in any one of half a dozen different schools and ultimately get his degree from the State. Possibly some such arrangement might be necessary here—that the ultimate diploma should be given by some larger body, perhaps under some system of registration, or combination between small and large hospitals; and every type of training could be given. This is certainly true of the eastern part of the country. Of the western part I know very little, but in the eastern part I believe such co-operation could be arranged if there were anybody to arrange it. If that committee of Dr. Washburn's will take it up, it will go a long way towards putting it through.

There are a large number of schools in hospitals throughout the State and in neighboring States which seem to me very badly off: they necessarily give a very imperfect training. They must have a training school. It is evidence of the growth of the hospitals that it has created training schools for nurses; it is the enormous growth of small hospitals that has multiplied the production of nurses. Many of those nurses are well trained, some of them are not, cannot be, well trained, and yet the hospitals where those nurses were trained must exist. These hospitals have come not by accident, but as an economic necessity. They are here to stay. The number is increasing. They can, I believe, be provided for by some system or other of combination, and in the Eastern States, where they are pretty

*Continuation of the report of the tenth semi-annual meeting of the New England Association for the Education of Nurses, the subject under discussion being the training school report of the Hospital Association.



Read Directions
Carefully
Before attempting
to make
Postum

Palatability in food or drink is of the greatest importance. Unless "it tastes good" and "smells good" no food or beverage is likely to pass the lips of the average individual—the sick or convalescent, above all.

Many nurses fail at first trial to produce a palatable drink in preparing Postum. This is because Postum looks like coffee and is prepared in a similar manner.

Postum, however, must be boiled at least 15 minutes to make it palatable. It should be a dark and rich brown in color, changing to a golden brown when cream is added. Then it is as delicious and palatable as fine Java coffee.

But—Postum contains no coffee (hence no caffeine) nor any other harmful substance; "harmful" meaning that caffeine is such, not when administered by the physician, but in daily triple doses of 2 to 5 grains in coffee or tea.

By reading the directions carefully on the package, anyone can make "good rich Postum" which is not only palatable, but nourishing.

The "Clinical Record" for the physician's bedside use, with name stamped in gold letters on cover will be sent to any physician who has not already received a copy. Also prepaid sample box of Postum and Grape-Nuts for clinical experiments. Doctor, please ask for what additional Clinical Record Inserts you need from time to time. They're free to you.

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permanent, such a system could be made to work. In the Western States they are of mushroom growth, I am told; they grow rapidly and disappear quite as fast. That isn't true of the East, and isn't likely to be; and if it is true of the West now, it may not be true in the future. At any rate, here, the problem, as I see it, must, I think, be solved in some such way.

In regard to the training of so-called nurses' attendants, the difficulty, it seems to me, is that we have tried to get something for nothing. I never knew anybody to get away with that yet. You are trying to get people, who very soon feel as if they were doing a nurse's work—of course, they are not doing a nurse's work, no one who sees any of their results would make any such blunder—but they think they are, and they promptly get dissatisfied. I think my experience, though more limited than Dr. Patch's, is the same. I have never seen one who was worth what she was paid, though they are paid little enough. I am inclined to agree with Dr. Patch that the more extended use of the undergraduate is likely to be the solution of the problem. I think, as Dr. Worcester has suggested, it means the modification of our nursing accommodations at the hospitals. That must come. It means that, for instance, in the large cities where the demand is perhaps more pressing, the city must pay to the training schools sums of money sufficient to pay for such training. It can be done, it can be arranged; I have no doubt that from the taxes one could persuade the city to pay it if the need was made as clear to the general public as it is to those of us who see it at first hand. It does not seem to me probable that it would be difficult to provide the sinews of war if it becomes clear that it is by undergraduates that this problem is to be solved, and it seems to me it would be better solved that way than by the training of half-baked people who always wonder if they hadn't better go and get baked some more.

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Rhode Island.

Twenty-nine graduates received their diplomas at the graduating exercises of the class of 1910 of the Rhode Island Hospital Training School for Nurses, Providence, May 26, 1910. The speakers of the evening were President W. H. P. Faunce, of Brown University,

and Miss Mary M. Riddle, Superintendent of the Newton Hospital, Newton, Mass.

Those who received diplomas are Helen Hulme, Katherine Knox, Isabella Chew, Annie McCaughey, Mary Cornelia Bliet, Ruby Catherine Murphy, Mattie Luella Taylor, Sadie Evelyn Handleman, Emily Margaret Armstrong, Mary Anne O'Neill, Helen Alcorn, Harriet Maria Goulding, Bertha Benson, Sarah MacKenzie, Laura Janet Harris, Emma Marion Rousseau, Sarah Theresa Leion, Edna Estella Lord, Jennie Alberta Thomas, Amy Elma MacLean, Eva Lena Berthiaume, Maud H. Bartlett, Mary Elizabeth O'Rourke, Florence Thorpe, Marcella May Duffy, Gertrude Winifred Dunn, Margaret Mary Coutanche, Margaret Davis and Mae Price.

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Pennsylvania.

The eleventh graduating class of the Kane Summit Hospital held its exercises at the Presbyterian church on Tuesday evening, May 31. The class consisted of four members, Misses Kathryn Bowman, Grace Ellsworth, Mildred Bailey and Margaret Plunkett, who, unfortunately, through sickness, was unable to attend. Class motto: "Not for Ourselves Alone." The church was beautifully decorated with the class colors, blue and gold, and palms and cut flowers adorned the pulpit and chancel. An excellent programme was rendered. Following the invocation by Rev. George A. Sutton, the choir of the Presbyterian church sang their first selection, "Lead Thou Me On."

Dr. W. P. Burdick was then introduced by Rev. Sutton, and gave the address of the evening.

Miss Burkhardt followed with a solo which was excellently rendered. The presentation of diplomas and badges was next in order, after which the choir sang the "Cradle Song" by Henry Smart. The exercises were closed with the benediction by Rev. Irvin T. Geistweit, after which a reception was held in the hospital parlors, and was largely attended by friends and guests. Refreshments were served.

The New Thompson House, Kane, was the scene of a very brilliant social function May 30, the event being the tenth annual reunion and banquet of the Nurses' Alumnae Association of the Kane Summit Hospital.

It was nearly 10 o'clock when the summons to the banquet hall was made. Here a most

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should never be regarded as unimportant or negligible. The correction of improper hygienic conditions and injudicious habits of feeding should be supplemented by the use of

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the one especially palatable, non-irritant, readily absorbable, non-constipating blood builder and general reconstructive tonic.

In eleven-ounce bottles only.—Never sold in bulk.

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Our Bacteriological Wall Chart or our Differential Diagnostic Chart will be sent to any Physician upon application.

A Drink in Fevers

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

pleasing sight greeted the eye, as the tables, resplendent with their floral decorations, snowy linen and bright silverware, seemed to invoke one's appetite, and it is needless to add that all did ample justice to the six-course spread.

As the hands of the clock pointed to 12, the toastmistress, Mrs. Anna Stall, arose, and in a very neat speech introduced the first speaker, Mrs. Katherine Hottell, who responded to the subject of "The Doctor" in a very witty manner. "The Line of Duty" was most ably presented by Mildred Bailey. Dr. W. P. Burdick responded to the toast "Nothing" in a manner that left nothing to be said on this subject. "Practical Nursing," by Esther Carlson, was ably presented.

Mr. R. J. Sharp's subject, "Ad Libitum," gave this gentleman an opportunity of displaying his oratorical ability to good advantage. "The Class 1910" was most interestingly presented by Ruth Shaw. Miss Shaw has an ease of manner which makes it a pleasure to listen to anything she has to say. "Opportunity" was the subject assigned to E. K. Kane.

"The Human Machine," by Maude McDevitt, brought out many good points as to the life of a nurse. The theme "Kane Summitt Hospital" was presented by R. K. Godding, who took the newspaper man's view of this institution, citing instances of the good that he had seen done at this institution.

Good nights were then exchanged, and the company dispersed to their respective homes, feeling that they had not only enjoyed a delightful evening socially, but that it had been good for them to be there.

The Alumnae Association of the Adrian Hospital Punxsutawney, held its semi-annual business meeting at the home of Miss Harriet Bright, at DuBois, Pa., July 6, 1910.

Eleven members were present, namely, Mrs. Marion Cockran (nee Brian), Mrs. Chester Fugate (nee Jones), Misses Lillian Humphrey, Elizabeth Hunger, Martha Hower, Erie Smith, Elizabeth Hutchinson, Agnes Cook, Mary Moore, Harriet Bright and Fannie Loudon.

The following new members were received: Misses Agnes Brounlie, Cora Foltz and Ruth Brian. Officers were elected for the ensuing year: Miss Erie B. Smith, president; Miss Harriet Bright, vice-president; Miss Fannie Loudon, secretary, and Mrs. Chester Fugate, treasurer. Miss Lunetta Miller donated to

the Alumnae Fund a beautiful silver tea set.

Following the business session we adjourned to the Commercial Hotel, where Dr. S. M. Free entertained us at dinner, which was greatly enjoyed by all.

The next meeting will be held at Adrian Hospital the first Wednesday in January, 1911.

Miss Ellen Brian, of Brockwayville, Pa., and Mr. Marion Cockran, of Punxsutawney, Pa., were married in the Episcopal church at Sugar Hill, Pa., April 6, 1910. The bride was a graduate of class '05.

Miss Stella Downey, of class '04, and Mr. Morton B. Collins of Monogahela City, Pa., were married April 20, 1910, in the St. Paul's Episcopal Church.

Miss Alta McMillen, of class '09, and Dr. J. E. Hardman, were married in the Roman Catholic church at West End, Punxsutawney, Pa., April 27, 1910.

Miss Emily Campin, of class '04, and Dr. Chester F. Miller were married at Benton Harbor, Mich.

Miss Barbara Hutchinson, of class '07, and Mr. Wilbert McCauslin, of Butler, Pa., were married at the home of the bride's uncle, Rev. S. T. Himes, Braddock, Pa., May 12, 1910.

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District of Columbia.

The Nurses' Examining Board of the District of Columbia will hold examination of applicants November 9 and 10. Applications must be filed with secretary before October 15.

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Ohio.

The second annual commencement of the White Hospital Training School for Nurses, Ravenna, was an entertaining event at the Congregational church Tuesday evening, May 24, leaving pleasurable memories with the large audience that gave close and interested attention to the programme. The church was tastefully decorated for the occasion, and the music by the ladies' chorus was very enjoyable.

S. F. Hanselman, secretary of the board of trustees, presided, and Dr. I. J. Swanson opened the exercises with invocation. After a selection by the ladies' chorus, Mr. Hanselman gave a brief description of the school, emphasizing the features of its organization, its officers, its instructors, its course of study and its commencements. He then introduced

Therapeutic Dependability—

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its recognized place in the treatment of all forms of functional debility. ¶ When other tonics fail or are contra-indicated for one reason or another, GRAY'S GLYCERINE TONIC COMP. may be freely used with the constant assurance that its effects will ever be restorative and reconstructive—never harmful or injurious.

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When you write Advertisers, please mention **THE TRAINED NURSE.**

the principal, Miss Benton, who made the report of the school.

The report was followed by the address of Dr. H. G. Sloan, of Cleveland, who took for his subject "The Nurse After Leaving the Training School." The presentation of diplomas was made by Mr. Hanselman. A reception was tendered to the graduates in the afternoon at the home of Dr. and Mrs. White.

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Louisiana.

Among the delightful midsummer affairs taking place in New Orleans was the love feast given to Miss F. M. Quaife, former Superintendent and Directress of Nurses at Touro Infirmary, now Matron at Vassar College, New York. Miss Quaife spent a short time in the city, and most of the alumnae of the ten classes which graduated during her reign at Touro united and entertained at a banquet, to which a number of prominent physicians were also invited. The Touro colors, blue and white, were effectively carried out in the table decorations. The entire party was conveyed to and from the banquet in tallyhos.

Miss Quaife sailed for the East on July 13, and her departure was a veritable floral ovation, attesting to the affection in which she is held in New Orleans. A large number of her nurses gathered to wish her bon voyage.

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Married.

A pretty home wedding was solemnized at Blaine, Ohio, on June 21, when Dr. A. J. Quimby, formerly of Wheeling, W. Va., and now of New York City, and Miss Gertrude Seabright, of Blaine, Ohio, were united in marriage. Mrs. Quimby is a graduate of the City Hospital, Wheeling, W. Va., class of '05.

In Ohama, Neb., June 14, 1910, L. Belle Snider and Frank Mendenhall, both of Tilden, Neb. Mrs. Mendenhall is a graduate of Samaritan Hospital, Sioux City, Iowa, class of '04. Mr. Mendenhall is a jeweller at Tilden, where they will reside.

Miss Winifred Reaney was united in marriage to Mr. John A. Huizenger at Rock Valley, Iowa, July 16, 1910. Miss Reaney has recently had charge of the Rock Valley Hospital and is a graduate of the Samaritan Hospital, Sioux City, Iowa, class of '06. Mr. Hui-

zenger is a banker. They will reside in Rock Valley.

In Sioux City, Iowa, Miss Tida Draper to Mr. Alfred Swanson. Mrs. Swanson is a graduate of the Samaritan Hospital, class of '05. They will reside in Sioux City.

The marriage of Adele Bassett Hieber, of Elyria, Ohio, to Dr. George Gill on July 25, 1910, has been announced. Mrs. Gill (nee Hieber) is a graduate of the Cooper Hospital, Camden, N. J., and also of the Pennsylvania Orthopaedic Institute, Philadelphia, Pa.

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Personal.

Miss Charlotte M. Perry, late Superintendent of Faxton Hospital, Utica, N. Y., after enjoying a vacation and much-needed rest, has accepted the position of Superintendent of Grace Hospital, New Haven, Conn., and will enter upon her duties September 1.

Obituary Notes.

Dr. Charles Jewett, widely known as a gynecologist and as the author of many standard medical works, died at his home, No. 330 Clinton avenue, Brooklyn.

Dr. Jewett, who was sixty-six years old, was suffering from cerebral hemorrhage and paralysis. He was born in Bath, Me., was graduated from Bowdoin College and from the College of Physicians and Surgeons. For many years he has been consulting physician to the Brooklyn, Kings County, Swedish, Bushwick and St. Christopher's hospitals.

Josephine Ethel Kuenemann, beloved daughter of Robert A. Kuenemann, born February 5, 1884, died July 23, 1910. Miss Kuenemann was nursing on a private case when she was suddenly taken ill and died a few moments later. Funeral services were held at the home of her father at No. 39 Lakeview avenue, Paterson, N. J., Monday afternoon, July 25, conducted by the Rev. D. S. Hamilton, of St. Paul's Episcopal Church, who referred to the self-sacrificing spirit of the young woman, whose loss has caused sorrow among a wide circle of acquaintances. A number of nurses from the local hospitals attended the funeral, and many beautiful floral tributes were received.

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The New Self-Balancing Baldwin Automatic No. 5 Operating Table



The heaviest patient can be handled with one hand. Up-to-date, simple in design, elegant in finish, easy to clean. Used by Dr. W. J. Mayo and hundreds of other distinguished surgeons.

Our new **Odorless Hospital Commode**, with water-seal lid, is a great improvement.

We make many new Nurses' Writing and Work Tables with milk white glass top.

Write for information on "*How to Equip a Hospital.*" Booklets sent free.

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"Well, Well!"

I hear you perfectly now!"

I HEAR you anywhere in the room; why, I could not hear ordinary conversation one foot away. I have had the Acousticon now for nearly a year and it is all in all to me. Gold could not buy it if I could not get another."

So says a user of the Acousticon who has been extremely hard of hearing for years, and his experience is the same as that of thousands who are now using it—to them we have said as we now say to you: "Test the Acousticon and let us prove that it will make you hear distinctly and clearly, and

TRY IT AT OUR EXPENSE"

If you are not convenient to one of our many offices, we will lend you an Acousticon, and if you do not hear satisfactorily the trial will cost you nothing. No trial fee, no penalty, if you do not hear.

A very light and unnoticeable head-band is furnished with the ear-piece; its use makes it unnecessary to hold the ear-piece and leaves both hands perfectly free.

Ladies who use the Acousticon dress their hair so as to make the head-band and ear-piece invisible.

Over three hundred churches throughout the country have installed the Acousticon for their members who are hard of hearing.

It is the original electrical hearing device, fully protected by U. S. patents, and you can not secure anything as efficient under another name.

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Good results in partial paralysis and impotency.

DR. F. M. RUSSELL.

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Horlick's Malted Milk with Egg.

Eggs one or two, cracked ice sufficient, Horlick's Malted Milk one tablespoonful, water sufficient to fill an ordinary glass or cup. Shake thoroughly and strain. Use Shaker.

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Used in Stubborn Cases.

I have made frequent use of Resinol and have found it an excellent salve in some very stubborn cases of skin diseases where such a salve was indicated, and shall use it freely in the future.

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Do Not Delay.

Meaville, Pa., Jan. 10, 1910.

Ogden & Shimer:

Gentlemen—Please send me as early as possible one jar of Mystic Cream. Can find nothing here equal to it. Yours very truly,

MRS. C. THEO. CAMPBELL.

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Everlasting Satisfaction.

Many a physician has found to his everlasting satisfaction that with the aid of Nestle's Food he can prepare a diet, not only as closely approximating mother's milk as seems necessary, but one subject to whatever changes his judgment dictates from day to day. Moreover, the sterility of the food is assured and every danger of infection is eliminated.

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Free, but Valuable!

Battle & Co., of St. Louis, have just issued No. 13 of their series of charts on dislocations. This series forms a most valuable and interesting addition to any physician's or nurse's library. They will be sent free of charge on application, and back numbers will also be supplied. If you have missed any of these numbers, better write Battle & Co. for them before the supply is exhausted.

Thalosen (Abbott).

Thalosen acts more satisfactorily with a less phenolphthalein content than any similar product. As here combined, *one grain of the drug will do the work of two or more grains*, given singly or as ordinarily combined. What is more, instead of de-sensitizing the bowel, it tends rather to impart *tonicity* to it, so that increase of dosage, as time goes on, is seldom necessary.

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Junket Buttermilk Tablets.

Hansen's Junket Buttermilk Tablets may be taken directly as a medicine, two or three tablets with each meal, chewing them with other food. The pure lactic acid bacteria make their way to the lower intestines, where they counteract the evil effect of putrefactive germs. The medium in which the bacteria in the tablets are preserved is sugar of milk, which is, of course, perfectly harmless.

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Proven Merit vs. Theory.

The thing that counts—RESULTS—have proven that a cod liver oil product with the grease left out is as active therapeutically, and more so when its palatability is considered, as the greasy, nauseating, unrefined cod liver oil. It is this feature that has won for Cord. Ext. Ol. Morrhuæ Comp. (Hagee) the good opinion of a large share of physicians, and it is why they continue to use it day after day.

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Arrow Brand Cream Polish is a scientifically compounded polishing solution for automobile brass work and all classes of work where a high grade, quick, thorough, easy-working and lasting polish is wanted for garages, hotels, bars, sign cleaners and for the household.

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Our hospital devices are the results of our catering to the hospital trade, anticipating their needs and embodying them in a number of practical boards, simple in system, strong and durable in construction.

It will be to your lasting advantage to send for circulars and be convinced.

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Mrs. Armstrong's Chocolate Pudding.

Soften three cups of stale bread in an equal quantity of milk. Melt two squares of Walter Baker & Co.'s Chocolate over hot water and mix with half a cup of sugar, a little salt, three beaten eggs and half a teaspoonful of vanilla. Mix this thoroughly with the bread and place in well-buttered custard cups. Steam about half an hour (according to size) and serve in the cups or turned out on warm plate.
—Mrs. Helen Armstrong.

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Listerine requires careful laboratory manipulation, and unusual length of time for perfection; it is of definite and uniform antiseptic strength, and may be relied upon to produce like effects, under like conditions, whereas the substitutes and imitations so frequently offered by the trade are sometimes distinctly harmful, generally of undetermined antiseptic strength, and too often worthless for the purposes for which they are required.

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Toxic Anemia.

The causative factor being once removed or materially modified, restorative and hematinic measures are distinctly indicated. It is especially desirable in such cases to avoid the administration of drugs that tend to derange the digestion, and the ordinary, inorganic, metallic salts of iron should not be given, as they frequently prove irritant, astringent and

constipating. Pepto-Mangan (Gude) is the ideal hematinic in any condition in which the integrity of the digestive functions must be conserved and maintained, as the necessary iron and manganese are promptly absorbed without irritating the gastric mucosa or inducing a constipated habit.

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Robinson's Patent Barley.

Barley makes the most delicious and delicate dishes for those patients who must be on a light diet and have a capricious appetite. Many nurses never think of using it in any other way than for the baby. In the booklet which James P. Smith & Co., 80 Hudson Street, New York City, send out are given some excellent receipts and every nurse can have one of these booklets for the asking.

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The Original!

The ACOUSTICON is the original electrical aid to hearing. It has had many imitators, but as the ACOUSTICON principle is patented, its results cannot be duplicated.

The ACOUSTICON cannot be compared with old-fashioned tubes, drums, speaking horns, etc., that have brought partial relief to people in years past. These instruments merely transmit sound. Most deaf people require not only reproduced but *amplified* sound and *clarified* articulation.

See advertisement in this issue.

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His Secret of Success.

"I do not see how you have the success you do with old age," said one physician to another.

"I'll tell you why," replied the second. "I believe I've found the only real solution of the problem."

"It's the use of a good malt extract. You know as well as I do how little can be done in such cases—a little toning is all. The breaking down of weakened tissues cannot be prevented nor remedied; so I just prescribe malt extract, taking particular pains to see that it is Pabst Extract, the 'Best' Tonic, for I know I can get the best results from that brand."

The declining years of many an aged patient would be made much more agreeable and the approach of "the last enemy" considerably postponed, were all physicians as frank as these two.

Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, now proposes to extend and enlarge the scope of this teaching, and offers a course in these subjects which it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year 1908 the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course exceeded ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and co-ordination exercises.

The instruction will occupy about seven months, beginning in October, 1909. Lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr., while the practical teaching occupies from three to four hours daily.

Examinations both practical and theoretical are required at the end of the course.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A shorter course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechano-therapy or separately.

This course last four months, and the fee is \$25.

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We want you to know the value of *Glyco-Thymoline*. It stands on its merits.

Mention this Magazine.

KRESS & OWEN COMPANY

210 Fulton St., New York.

Trained Nurse Case.

How many nurses have sent for the Jalzahn Catalogue of Nurses Supplies? It is well worth your while to do this for the Valzahn Company, 1629 Chestnut Street, Philadelphia, have some splendid values in things that trained nurses need for equipping their emergency bags, and also for use in the sick room. See the adv. on front page in this number of the "Nonpareil" Trained Nurse Case. No nurse should be without this.

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Excite Glandular Secretion.

Without the slightest irritating effect on even the most irritable gastric mucous membrane, Seng gently but effectively excites glandular secretions. An improved circulation follows as a necessary sequence, and the adjacent tissues are correspondingly nourished. This means increased muscular tone and a much more effective motility of the gastric and intestinal muscular coats. Gastric motility itself promotes secretory activity of the inner coats.

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Local Treatment of Nasal Catarrh.

M. Clayton Thrush, Ph. M., M. D., of Philadelphia, reports having used Unguentine in a series of twenty-five cases suffering from catarrh of the nose and throat and in cases in which there was considerable discharge from the nose (hypertrophic rhinitis) and also where there were hard scales of inflamed areas developed. In every case, Unguentine proved of great value, affording prompt relief and, when used in conjunction with proper cleansing antiseptics by atomizer or nasal douche, never failed to give excellent results.

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Clinical Experience a Dependable Guide.

Countless physicians the country over have proven to their entire satisfaction that Gray's Glycerine Tonic Comp. fills an indispensable place in the treatment of all diseases in which lessened vitality is a prominent feature. It represents one of the notable advances in modern pharmacy, and many a practitioner has learned to rely upon it as his most valuable aid in increasing functional activity. Gray's Glycerine Tonic Comp. exerts an especially beneficial influence on the gastric and intestinal glands, thus stimulating the appetite, improving digestion and promoting assimilation.

Cheap, but Unsurpassed.

On account of the unreliability of the average fever thermometer, as sold by small druggists throughout the country, the Max Wocher & Son Company, of Cincinnati, have placed the Imperial grade on the market, which line of thermometers are thoroughly seasoned about twelve months before the tubes are calibrated, and each thermometer is tested, and these thermometers can be depended upon as reliable instruments. On account of the great sale this firm has on these instruments they have been enabled to reduce the price to hospitals who purchase the same in dozen or gross lots to a very low figure.

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Sturm Signal System.

The large increase in the number of hospitals makes it imperative that a method of signalling be used which is less expensive in operation than the present antiquated and noisy system.

The Sturm Signal System is

Simple in construction

Quiet at all times

Positive in operation

Direct in results

Economical in maintenance

Fully guaranteed

List of buildings equipped furnished upon application. Relay Signal Company, 86 La Salle Street, Chicago.

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Something New.

The Welkom Warmer is a wonderful new device which has recently been put on the market and is attracting the attention of the medical profession and hospital authorities as the only modern, sensible and effective substitute for the hot water bag. It is heated within one minute by simply lighting and inserting a tube of blazeless, smokeless and odorless fuel lasting over two hours at a cost of less than one cent. As there is no water required in the use of the Welkom Warmer the necessity of making a fire and waiting for the kettle to boil is entirely obviated. Every nurse should write to the Welkom Warmer Manufacturing Company, 108 Fulton Street, New York City, for a free descriptive booklet, which thoroughly explains the merits of this new sick room necessity.

20 MULE TEAM PRODUCTS

For the Nursery and Sick-Room

BORAX is one of the mildest antiseptics known; in fact it is comparatively the only one known that is wholly safe to use in the sick room. Therefore, it can be used in the place of more powerful antiseptics, which are frequently the cause of poisoning a patient.

Borax can be used indiscriminately in the sick room for softening water with which to bathe the patient, and for thoroughly cleansing bed linen, soiled garments and utensils.

A boric acid solution is cooling and soothing for the eyes, for inflamed cuticle or the mucous membrane. Boric acid spangles are the best to use for making a solution. Boric acid in a powdered form is unsurpassed as a dusting powder.

20 Mule Team Borax, Boric Acid and Spangles are all packed in convenient cartons for the nurse to handle. The 20 Mule Team Brand is always a guarantee of purity.

Write for our "Magic Crystal" booklet—free on application.

PACIFIC COAST BORAX CO.

New York : : Chicago : : Oakland



Help Wanted?

Would a quiet, efficient and unobtrusive assistant be acceptable to you during the long, nerve-trying hours of duty—an assistant that would relieve you of one-half the routine part of your work?

The R.R.R. helps for nurses will render you just such assistance—every one is a specialist in its own particular field, meeting every requirement of modern nursing.

One of these helps is shown in this advertisement—

The R. R. R. Thermometer Set—Mouth, Rectal and Bath Thermometers

In a Combination Case

that will insure your readiness for all thermometer emergencies. It will **PAY YOU** to know about the R.R.R. method of replacing broken thermometers.

The R.R.R. helps also include charts for every purpose—bed-side, maternity and T. P. & R.—and the **READY REFERENCE REGISTER**, the history of your own personal experiences.

You are entitled to a free and complete set of samples of these "Silent Sick-room Assistants;" to get them just write "Please send samples of the R.R.R." over your name and address on a postal. Address the postal to

THE READY REFERENCE REGISTER

Herald Building

WATERTOWN, N. Y.

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QUALITY



Patent Applied For

When you write Advertisers, please mention **THE TRAINED NURSE**.

Typhoid Fever.

In the treatment of this disease it is necessary to control the patient's temperature and to keep the alimentary canal in as nearly aseptic condition as possible. The effort of the physician must, however, be directed toward preventing intestinal perforation. No other remedy will accomplish this so readily or more satisfactorily than Daniel's *Passiflora Incarnata*.

Signed, Wm. A. DONOVAN, M. D.

+

A Cheap Hospital Bed.

The Wallace Adjustable Hospital and Invalid Bed is giving excellent satisfaction to its many users. Hospitals can readily procure from \$3.50 to \$6.00 per week additional for rooms equipped with it. It not only gives a great amount of comfort to the sick and injured, but saves so much labor in nursing that it is practically indispensable. The middle section drops for use of bed pan and douche; no lifting or moving of patient necessary. Write for special prices to hospitals, physicians and nurses. See advertisement in this issue.

+

Borax Is Harmless.

Dr. Harvey W. Wiley, Chief of the Bureau of Chemistry, conducted a series of experiments to determine the effect of Boron Compounds on the human system. He administered borax and boric acid to the members of the experimental squad in capsules. In the report of "The Influence of Borax and Boric Acid on Health" he says: "It is, nevertheless, an interesting fact to note that at the end of the year, after the final 'after period' had been passed, they appeared to be, and declared themselves to be, in better physical condition than when they entered upon the experimental work seven months before."

+

Ergoapiol (Smith).

Medical men frequently encounter cases where, from one cause or another, the menstrual function has abnormally lessened or ceased entirely, giving rise to a distressed mental state in what is probably a nervous and excitable patient. Fears of impending evil once aroused cause an aggravated degree of mental distress, which is most decidedly not beneficial to the patient's welfare, and a medicament such as Ergoapiol (Smith), which invigorates the reproductive and sexual sys-

tem, is welcome to the much-harassed professional man in search of a preparation which is simple and easy to administer.

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Uses for Cold Cream.

How many nurses have tried using cold cream to relieve chafing or for soothing the skin where it has been rubbed and irritated by contact with the sheet when a bed-patient is restless? Also for rubbing the back after using alcohol to prevent bed sores, and for keeping the hands and feet of fever patients soft when the constant fever makes the skin hard and dry?

Daggett & Ramsdall, 314 West 14th Street, New York City, make a perfect cold cream, and any nurse sending her name and address will receive a liberal sample.

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The Diet After Abdominal Operations.

Paterson says that there is still a lingering superstition that patients must be half-starved after an abdominal operation.

As soon as the patient wishes a drink, small quantities of hot water are given, and if this is retained one ounce doses of milk diluted with two parts of water. The quantity is gradually increased up to two ounces hourly. On the day after the operation, Bengers' Food and calves' feet jelly are given as well as milk. As soon as the bowels have been opened the patient is allowed fluid ad libitum, eggs, thin bread and butter, and other soft solids, and usually ordinary diet is resumed in a week or ten days.

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You Should Know This.

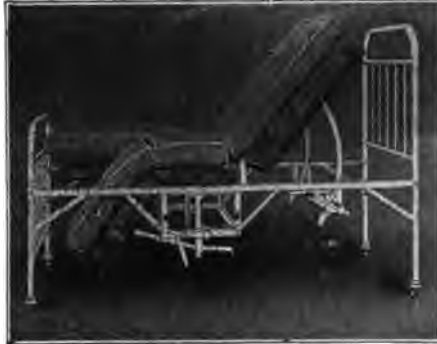
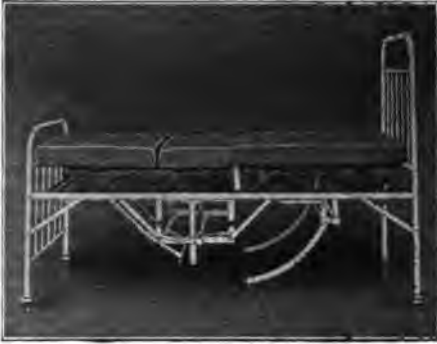
The United States Chemical Company, with laboratories in New York and Chicago, have decided to market their goods direct to nurses and hospitals.

The United States Chemical Company, one of the largest producers of antiseptics and disinfectants in the United States, are manufacturers of a standard line of disinfectants. Dr. Carl L. Barnes, president of this company, has for over twenty years given special attention to the subject of disinfection and disinfectants. During the yellow fever epidemic, Dr. Barnes was the sanitary officer in the city of Chicago, and this Company, under his direction, has grown to be one of the largest in the field.

See advertisement in this issue.

The Wallace Adjustable Invalid Bed

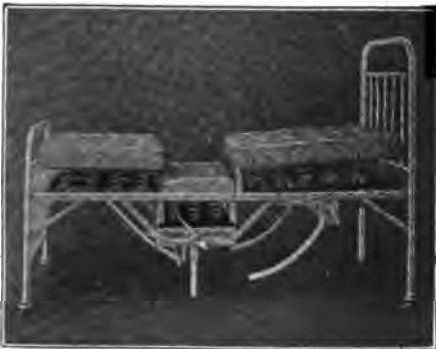
Greatest Invention of the Age for Suffering Humanity.



AN IDEAL HOSPITAL BED. Insures real rest for patient and saves 75% of labor in nursing. Instantly and easily adjusted to practically every position obtainable on an operating table, without lifting or moving patient. Middle section lowers for use of bed pan or douche. Endorsed by Physicians and Nurses. Simplifies bathing and changing of bed linen. Prevents bed sores. It is invaluable for Obstetrical cases. An ideal fracture bed; fractures once set give surgeon no worry. The additional height facilitates handling of patients.

The Wallace Bed soon pays for itself in the increased charges obtained for rent of rooms furnished with it. Many hospitals and sanitariums are not only making a reputation for efficiency and up-to-dateness by using this bed, but are also making big money out of it. Why not you?

Our bed is made entirely of metal, indestructible, Japan and white enamel finish. Shipped complete with easy box springs and fine soft felt mattress, the same day order is received. *Special discounts to Physicians, Nurses and Hospitals.*



Write to-day for free illustrated descriptive booklet.

WALLACE INVALID BED CO.

209 State St.,

Dept. J, Chicago, Ill.

When you write Advertisers, please mention **THE TRAINED NURSE.**

The Publisher's Desk

The Trained Nurse and Hospital Review

A Monthly Magazine Devoted to Trained Nursing in Private Practice and in the Hospitals of the Country

Editor

ANNETTE SUMNER RCSE

LAKESIDE PUBLISHING COMPANY
PUBLISHERS

OFFICE—114-116 East 28th St., New York City

THE TRAINED NURSE

has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puffs no humbugs, and does not take half its space to tell how good the other half is.

Annual Subscription, post-paid.....\$2.00
Single Copies 20

Entered as second-class matter at the New York Post Office, March 14th, 1901.

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TO CONTRIBUTORS.—We pay liberally for all Original Articles.

Exclusive publication must be insured to all contributions offered to the Editors. Rejected manuscripts will be returned if stamps be sent for this purpose.

Exclusive publication not required for contributions to Nursing World Department.

Illustrations for articles are particularly solicited. All expense for drawings, plates, etc., will be borne by the publishers.

No responsibility is accepted by the Editors or publishers for the opinions of contributors, nor are they responsible for any other than editorial statements.

Books and monographs will be reviewed promptly.

Short, practical notes upon personal experiences or brief reports of interesting cases, with results from remedies, new or old, will be welcomed.

The Editors and printers will greatly appreciate the courtesy of having all manuscript typewritten; or, if this is impossible, clearly written, great attention being given to proper names and medical terms.

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Book Review (Continued).

Prescription Writing and Formulary. By John M. Swan, M. D., Associate Professor of Clinical Medicine, Medico-Chirurgical College of Philadelphia. 32mo of 185 pages. 1910. Flexible leather, \$1.25 net. For sale by the Lakeside Publishing Company.

This book is designed especially for physicians, and the author expresses the hope that it may result in a diminution of the number of errors in the form of prescriptions, of the inaccuracies of doses, and that pharmacopial preparation may be found more advantageous than substances of unknown composition, although of elegant appearance. The greater part of the book is taken up with formulæ for the treatment of different diseases, arranged in alphabetical order.

We beg to acknowledge:

Public Health. The Bulletin published quarterly by the State Department of Michigan.

The Gouly State, a compilation of abstracts from recent literature on this subject. By W. J. Morrison, price 25 cents.

The State and the Death-Roll, by E. E. Rittenhouse, president Provident Savings Life Assurance Society, of New York.

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Please Observe!

Have you noted the many new advertisements in the want columns this month? If not, we suggest that it would pay you to read that department. Some of the advertisements are official announcements.

While you are about it, it might be worth while to look over the two premium pages. Two new books have been added, and the list has been corrected, including several new editions of older works.

And, by the way, we hope you have not neglected to read the prize offer page. If so, you are really missing something worth while.

Lastly, if you are a modern up-to-date nurse, by which we mean one who appreciates advertising and knows that the advertising pages are a valuable part of this magazine, we call your attention to the many new advertisements in this issue.

The Trained Nurse and Hospital Review

VOL. XLV.

NEW YORK, OCTOBER, 1910.

NO. 4

The Super-Nurse*

PEARCE BAILEY, M.D.,

Physician to the Neurological Institute of New York.

THERE is something mysterious and solemn when a company of young people, having completed the preparations of their life work, meet together for the last time. Every year such meetings take place all over the world, and then the band of union is broken and the individuals scatter, never to be a complete company again, but to go to all parts of the earth to carry the seed of their education and to plant it and thereby to become the active distributing agents of what our civilization and our progress has found to be best worth preserving and cultivating.

I do not know whether the commencement season falls in the spring by accident or design. But it is a fitting symbol that those who are to replace the old with the vigor of youth and the freshness of newly acquired knowledge should go to their places in the general scheme of things at the same time that nature has chosen for rebirth.

The profession you have chosen is one of the oldest in the world. As long as there have been people who are ill there

have been some willing and anxious to take care of them. The earliest authentic records which we have of a medicine which approaches in any way the medicine of our times comes from Hippocrates. But if you will read the writings of Hippocrates you will find fewer facts in them than is taught in the training schools to-day. He had less opportunity to learn anatomy than you have; he knew less about drugs than you do; and if this father of medicine were to-day to come back to earth and present himself for examination with the purpose of becoming a registered nurse, I fear very much that his name would not be among the list of graduates.

In the days of Hippocrates, and for long afterward, medicine was closely linked with religion, and during the Middle Ages nursing was largely in charge of the religious orders. Vestiges are still seen of this in the various orders of sisters and in some Catholic countries like France, where nearly all the nurses were, until very recently, Sisters of Charity, and even in our own country to-

*Address delivered to the graduating class of the Cochran Training School for Nurses of St. John's Riverside Hospital, Yonkers, N. Y., on June 15, 1910.

day, in the Roman Catholic hospitals, such as St. Francis', the nurses are Sisters of Charity.

I am loth to believe that nursing has lost the motives of charity which gave it birth, but it has none the less become a definite and legitimate means of livelihood as the profession of medicine always has been.

With the broadening tendencies of organization it is now one of the most important, if not the most important, variety of woman labor. The recent convention of trained nurses held in New York packed one of Columbia's largest halls with alert women from all over the country. To-day the trained nurse has many opportunities to specialize. In addition to being the private nurse, who supports herself and often most of her relatives, she may, if she likes, be a missionary, a district worker, hourly nurse, a teacher, a craftsman and a constructive organizer.

The latter feature is rapidly becoming of great importance. With the steady growth of hospitals in this country calls for competent organizers of hospitals, training schools and superintendents of nurses are becoming more and more urgent. It is also one of the best paid professions for women. Trained nurses as a class receive higher compensation than any other variety of woman workers. In addition to the salaries, the nurse gets very material advantages in these days of high food prices. She also has opportunities to travel and to profit by valuable acquaintances.

While trained nursing as a modern profession took its birth in England, it has reached its highest development, like so many other things, in America. Our training schools and the women they produce are unequalled anywhere. They

are appreciated at home and abroad. The American resident of foreign cities insist on having American nurses to take care of them when they are ill, and nurses are well represented in every transatlantic passenger list.

But I sometimes wonder if, by our very excellence, by our production of the perfected craftsman which the modern trained nurse is, with her knowledge of diatetics, of chemistry, trained as she is in regularity and discipline, familiar as she is with the technical details of so many diseases, whether we do not get away perhaps a little too far from certain features which are human, rather than professional, whether the nurse has not become perhaps too much of a nurse, and is thereby in danger of losing some of the charm and the power which she has as a woman?

This question arises in my mind, not from my experience as a physician, but as an outsider; not from professional contact, but from the experience of every one who has friends who fall ill, and who cannot be happy until everything is done for their comfort and until they are well again.

One of the worst nurses I ever knew is a woman who I think I would rather have about me in illness than any one I ever met. She is a short, plump, round-faced Irish woman who, by some means or other, got a diploma from a large London hospital. She would write her orders on her apron, and, as she changed these twice a day, when it came to look up the doctor's orders, they were generally in the wash. She was forgetful, and your superintendent would call her incompetent, as she was ignorant of many of the things which, I am sure, all the present class know. But at the same time she so invariably looked on the

bright side of things, her laugh was so spontaneous and contagious, her rosy cheeks beamed out health and encouragement and optimism to such a degree that she more than made up in the charm of her personality what she lacked in the knowledge and other qualities which every nurse ought to have.

We all like skill, but some of us like other things, too. A friend of mine, a lady, was once ill, in Egypt, of some painful abnormal trouble of which the diagnosis was always in doubt, but her mind kept clear throughout the illness. It was necessary for her to be moved from place to place and to have a nurse who could do this. There were no trained nurses to be had, and for this purpose there was called in a Sudanese warrior. He was six feet four in his stocking feet, battle-scarred and cross-eyed; he had never heard of St. Elizabeth, or St. Catherine, or Friederike Fliedner; but in his muscles slumbered the strength of a Colossus united with the gentleness of a child. In subsequent illnesses, when this lady has had real trained nurses, she always goes back to the time when this big Egyptian, light-footed and gentle, lifted her with ease, fanned her for hours with infinite patience and stilled her pain by the sweetness of his smile.

Now, I am not advocating male nurses for women patients, or for men patients either, for I know very well that women have in them a power of making illness bearable, which is a development of the maternal instinct, and which no man can ever acquire. But the question I wish to ask is, Whether the peculiar fitness of woman, which is a gift of nature, spontaneous and not fed by learning, is in danger of being sidetracked a little by the technical accomplishments of art? I know I am discredited at the outset, and

that every superintendent will say no. But, nevertheless, I want to mention a few things which seem to me quite as important as holding retractors or testing for albumen.

To know how to read well is one of the first. And it is equally important for the nurse to know what to choose to read for individual patients. I think every nurse ought to have a list of books which are suitable for different tastes, for different ages, for different conditions of strength of patients, which she can recommend from experience. A bad choice is often fatal. I am a great admirer of Robert Browning, but I had to step in and interfere once because a nurse insisted on reading every canto through of "The Ring and the Book" to one of her patients. The only trained nurse I ever had offered to read to me, but after a little I found that I got more pleasure from watching her read to herself than listening to her read to me. I gave her "Tess of the D'Urbervilles," and, by noting her sighs as she devoured this romance, I could easily follow poor Tess's troubles and forget my own.

The training school teaches you how to care for very ill people. But the fact is that the trained nurse is only a trained nurse for about half of the time. A person with typhoid fever is ill for three weeks, and for seven or eight weeks he is a weak, irritable, plaintive invalid, and during this latter period he must be encouraged or diverted, or sometimes scolded a bit. It is the same way with most other acute diseases. After the stormy battle is over the duties of the nurse are to repair the ravages, and during this time more demands are made upon her personal qualities than on her professional training. And so it is

throughout the whole career of nurses. They are called upon to be children's playmates, mothers' helpers, amusement bureaus. They must be able to make a room look neat, arrange flowers, answer the telephone, and keep the cook from leaving. Often enough they must put up with hardships, though not as many as in the days of Elizabeth Fry, and must resort to many makeshifts. The best nurse I ever knew used to go South every year and work several months in the families of the poor whites. She worked for nothing, but felt herself repaid by what she gained in self-reliance.

There is no profession in which tact is more necessary than in yours. Over and over again you will see things going a way in which you think, perhaps, they ought not to go. You may see domestic differences that you think you might benefit by interfering. 'No rules can be given by which a nurse can acquire the happy faculty of speaking when necessary or keeping quiet when necessary. It is one of those God-given gifts which may be improved by experience, but which cannot be taught. However, I think one rule can always apply here as everywhere else—that it never pays to try to patch up differences between a man and his wife.

My experience is that nurses and doctors always get along well together, but sometimes you may see treatments ordered that you think are not right, or may come to the conclusion that the physician in charge is not as competent as he ought to be. I have on a few occasions seen benefit result when nurses openly insisted, through the family, of course, on consultations or on changes of treatment. This is always very dangerous, and should only be resorted to under exceptional circumstances—not

for the reason that all physicians are good or any are infallible, but for the reason that a patient's confidence in the physician is half the cure, and if this is once shaken the result may be more unfortunate than a wrongly ordered treatment. We all have our ideals of physicians. Of mine the one I have read of is William McClure, of Drumtochty; the one I knew was William Sherman, of Yonkers.

There is another rule, which admits of few exceptions, which you may follow, and that is to keep your knowledge of disease to yourself. Don't talk to your patient about preceding cases, or about how illness turns out, excepting in so far as you can tell him that they always turn out well. I recently heard of a doctor who told a young girl that he had seen hundreds of cases just like hers, and none of them got well, and that she need harbor no hope of ever getting well. The effect on the patient was most disastrous. I fear in this case the doctor was right in his diagnosis, though wrong in his philosophy. But I have known of other cases of doctors priding themselves upon their frankness with their patients, but in which the patients got well, in spite of the doctors and in the face of the gloomiest prognosis. Even the wisdom of the great god Bud is not perfect, and there are few things unalterable in the practice of medicine.

Two years ago I was called to Paris to see a patient who, when I got there, seemed to me to be in extremis. I cheered the patient as well as my own gloomy fears would permit, and cabled home that "George had three months to live." When I was in Paris last winter George came to see me, the picture of rosy and robust health, and his cordial indulgence for my blunder convinced me

that all the noble people were not in the medical profession.

It is sometimes difficult, in the face of direct questions, to be absolutely truthful with your patients. It is, however, easier for a nurse than it is for a doctor, for the nurse can always answer that she does not know, and the doctor must decide. But, entirely apart from the question of ethics, I am sure the best rule to follow is never to deceive your patient under any circumstances. Occasions arise in which this seems very difficult and even inadvisable, but in the long run you will find that you will gain by making it a practice.

In your position as nurse, you will come across many secrets, many skeletons in the closet, many things which you either find out yourselves or are told to you. All of these must be held absolutely sacred, as the nurse should be bound by the same oath as the physician. In the pictures and sculpture of Japan one frequently meets the legend of the three monkeys. To teach the moral one is figured with hands over ears to prevent hearing evil things; another with hands over eyes to prevent seeing bad sights, and the third with hand over mouth, so that no ill-judged utterance may issue therefrom. We cannot avoid seeing and hearing evil things. But the third monkey should be a model to us and should be added to the goat as a symbol of Aesculapius.

It is a great regret to me that there are so few opportunities for nurses to have included as a part of their training the nursing of nervous diseases. As soon as you come out into practice you will find that a good proportion of the patients that you have to treat belong to the class of nervous invalids. But you, com-

ing fresh from typhoid fever and from pneumonia, and from operations, have had little experience in the long, tedious struggle with this variety of vampire, and doubtless will find it dull in comparison with the active life of the wards. We have now established in New York a hospital for nervous diseases. We receive the borderland states between sanity and insanity, and we treat a great variety of nervous cases in which all the expressions of disordered nervous systems come out.

I cannot too strongly advise any of you who have the opportunity to take a course of a few months in such a hospital, and to acquire, before you go into private work, the experience with nervous patients which is so essential. In such wards you will learn how to direct the patient's mental attitude, how to make him cheerful, how to make him look on the bright side of things, and take his thoughts away from the gloomy side of things. You will do this partly by persuasion and partly by directing the patient's mind from himself, which are at the basis of the form of treatment that we hear so much of nowadays—namely, psycho-therapy. The nurse should be a psycho-therapist above everything else. If she is not born with the gift, like the bone-setters, she can only learn it by experience. Once you become familiar with nervous people you can stand with more equanimity the fault-finding and irritability which are so common in them and which are part of every convalescence.

I can do no better in wishing you god-speed in the career you have chosen than to urge you to cultivate the spirit of optimism. Hold high the torch of hope for yourself and for others. Dr. Trudeau, the Adirondack missionary, whom the medical profession of America consid-

ered this year as their most representative member, says: "As I look back on my medical life, the one thing that seems to stand out as having been most helpful to me, and which has enabled me more than anything else to accomplish whatever I have been able to do, seems to me to have been that I was ever possessed of a large fund of optimism; indeed, at times optimism was about the only resource I had left with which to face most

unfavorable conditions and overcome serious obstacles."

And I say encouragement has a higher percentage of cures to its credit than serum therapy, and cheerfulness has prevented more disease than antiseptics. Optimism is a pride in our accomplishments which justifies confidence in our future. By keeping it constantly with us we benefit our own selves, our patients and our profession.

A Letter to Waltham

A letter written by Florence Nightingale to the nurses of the Waltham Training School:

LONDON, Dec. 23, 1896.

DEAR NURSES—God bless you and every one. And what does His blessing mean to us Nurses?

Does it not mean that, as nursing has to do with the body, which is the "temple" of the Holy Spirit, has to do with life and death (not with books), all our work in it must "begin, continue and end" in Him?

1—A good nurse must be a good woman.

A good woman is one who gives the *best of a woman*, intellectual, moral, practical to her patients under the orders of a doctor.

Not a literary woman. More than one doctor has said to me of a nurse: "She knows as many words as I do, but she does not know how to make a patient comfortable."

Books may do much—classes more—clinical classes especially. You can learn much out of lectures as to the reason of what you are doing, why you do this and not that. But a nurse is not a lecturer. You may know all that and your patients not be the better of you.

2—Let us never consider ourselves as finished nurses. It takes five years to make a

good ward "sister" (head nurse). We must be learning all our lives.

3—Besides, every year we know more of the great secrets of nursing—also one conundrum has superseded another. "Gentlemen," said a professor of the St. Thomas Hospital, now dead, to his students, "disinfectants are of the utmost importance—they make such an abominable stink as to compel you to open the window."

The aseptic has superseded much. A great doctor, a friend of mine, said: "Call it *germs*, bacillus or dirt, what you will, the treatment is the same," i. e., cleanliness. The aseptic means absolute cleanliness.

4—Let us not treat nursing as a sacrifice, but as the great delight of life.

5—Would you offer less than a perfect nursing to God?

6—Let us make nursing less a matter of business and more of a calling. It is a noble calling, but *we* must *make* it so.

Do you agree that this is what His blessing means to us nurses? F. N.

Your beloved and admirable superintendent asked me to write you. May we all take example by her. F. N.

From a fac-simile letter published in the report of the twenty-fifth anniversary of the Waltham Training School.

A Few Lessons From the Life of Florence Nightingale

CHARLOTTE MANDEVILLE PERRY,
Superintendent Grace Hospital, New Haven, Conn.

WHEN reviewing the lives of great characters it is well to gather up, in order that we may imitate those noble qualities of mind and heart which inspire us with so much enthusiasm. Otherwise such examples are lost; for us they have lived in vain. It was what Florence Nightingale was in herself at the time of her supreme effort which enabled her to do what she did. From childhood up, with a most natural development in the midst of a rarely beautiful home, she seems to have been fitted, as few are, for the exercise of that far-reaching influence which culminated in a special work at a crisis of the world's history. From that highest point there reflects a glorious light over the successive years of her life—a light which will leave a glow even though she has passed from sight.

How much she has said about the preparation for our life-work, if we wish to make "God's business succeed." Just that expression, "God's business," speaks of the deep religious foundation which she thought so necessary a part of our equipment. Was it not needed in facing the degradation of the nursing and of the hospitals of the period? Is it not ever needed if we are to keep the profession thus raised up to a high level? That her religion was not mere sentiment is abundantly proved by her writing so frequently, so insistently upon the necessity of technical training in nursing and business detail, as well as by her having

founded the first training school as a means to securing these ends.

In the character of Florence Nightingale there are certain qualities which stand out clear and strong from earliest years. First of all, there was that true sympathy for suffering, whether in man or animal, which expressed itself in action for the relief of the sufferer, and an inner spirit of hopefulness regarding the success of her endeavors for the patient and his power to respond, which not only reacted upon the patient, but nerved her own arm; there was an indomitable perseverance and fortitude, all of which produce an ideal nursing character. However, one can fancy all these traits without including that calmness, self-control, gentleness, combined with courage of conviction, clear vision, decisive action, and that retiring nature which studiously avoided all publicity which she possessed to so remarkable a degree.

"Gentle ways and polite manners help greatly to further the kingdom of God," said Pastor Fliedner when Florence Nightingale presented herself at Kaiserworth for the training she had advocated. She would not have recommended to others what she would not herself undertake. As she stood face to face with her appalling task of improving the nursing and the hospitals of that time, she viewed a condition inconceivable to members of the profession to-day. Her power of application, of so shaping

her work as to bring about most quickly the needed reform; her freedom from religious bigotry and from a harmful aggressiveness, whereby unnecessary antagonism might have been provoked; her real love for the poor and for the sufferer, whoever he might be; the attention given to hygiene from the first starting out; her visits to the hospitals of her own and different countries through which she gained an actual, comparative knowledge of them opened to her the various avenues in which her influence spent itself with such universal profit. For all branches of nursing—in hospital or private home, for army and visiting nursing and social work she laid fundamental rules with a heart in them. Her work was in advance of the time. She pointed out principles like that of nurses learning to nurse "*in a hospital*"; of the affiliation of schools, as in the establishing of a course for the training of visiting nurses at the Liverpool School and Home for Nurses; of placing graduate nurses in charge of charitable institutions as matron, and of forming organizations for providing nurses for those unable to pay. Through the last mentioned it was found that nurses sent out in this way accomplished the best kind of social work by preventing "indiscriminate charity, by teaching patients how best to help themselves, and by showing them ways of stopping the cause of disease and the cause of infection which spread disease."

Her marked success was well won, and largely due to her diligence, to that good English perseverance which falls at one's post rather than give up, or allow oneself to be beaten. But most of all was it due to her large heart, to that tender concern for suffering which would not permit her to rest till something had

been done to bring the desired help. She has rightly been called the "soldier's friend," the "patient's friend." In reading her life one cannot but be impressed also with the absence of an obtruding personality. She was womanly and wished to keep within woman's sphere, though ready to do anything and everything for the furtherance of "God's kingdom." In this way she had the confidence and co-operation not only of the doctors, but of army officers, so that they even sought her advice as possessing a superior knowledge and judgment in matters relating to sanitation and hygiene, to reconstruction and reform. As a result, vast reforms were effected in the English army, especially in India. Like Dorothea Dix, she has possessed that persuasiveness which appeals not only to the heart, but to the head, and a great deal of what she has accomplished is owing to her ability to make others see the need and others again to help themselves. Her humanitarian views were sound and effectual in stirring those springs of effort on which every individual soul depends for success or for reformation. Do we not well sit at the feet of the Queen of Nurses and learn wisdom?

Now that so many spheres of usefulness are opening for women, there is much which can profitably bring into play these noble characteristics. There is real danger of true proportions being lost, especially if personal interests are allowed to creep in, and unnecessary prejudices like little foxes destroy the vines. This last thought reminds us of that largeness of purpose, tempered with wisdom, which preserved the good while it lopped off the injurious things. The supreme test was at Scutari, where those in office were blameworthy for the most awful

state of affairs in the barracks-hospital—a human pen, with even food denied. Yet not an officer but recognized that she respected his office while denouncing the wrong with no uncertain voice. It was by persistent effort and appeals that needs were finally met. Soon all were

pulling together, doctors and nurses sacrificing their lives in the common cause. "United we stand, divided we fall." As the warning note sounds, let selfish ambition in all its forms flee away, that the bad may be forgotten, while the good is remembered.

An Interview with Miss Nightingale

In his address delivered at the twenty-fifth anniversary celebration of the Waltham Training School for Nurses, Dr. Worcester gave the following account of an interview with Miss Florence Nightingale. When he first asked for an interview Miss Nightingale referred him to others, but eventually consented to his coming.

"If," as she wrote, "there was anything to be learned by our talking together."

Dr. Worcester says: "I shall never forget Miss Nightingale's graciousness. She kept asking me questions about this training school. I wanted to ask her questions, but could hardly get one in edgewise—hers came so fast: How much time did we spend in this, how much in that and the other thing, and what were we really trying to do? Finally, when I did get in a few of my questions as what she would advise us to do here and what model she would advise us to follow, she told me at once where to go, and urged me to study and copy one particular small school in London, where, as I afterward found, the pupil nurses, before being sent to the hospitals for one year's training, were first tried out, as it were, in work with district visiting nurses, and then, after their hospital year, were given the rest of their training in the homes of their patients. She told me of her disappointment in the development of the hospital training schools, which, she said, were making scientific nurses technically admirable but without the needed love for the art of helping the helpless. When, on leaving, I asked her if she

would let me send our superintendent to her, she promised her heartiest assistance, which promise she most beautifully fulfilled."

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Extract from Letter

Extracts from some hitherto unpublished letters written by Miss Florence Nightingale have recently appeared in a number of the Christian Commonwealth, London. These letters were addressed to Surgeon James Pattison Walker, in India, and were written between nine and twelve years after Miss Nightingale's return from the Crimea. One of the most interesting extracts was written on Aug. 10, 1868, and is as follows:

"It is also eleven years this very day since I was taken ill with the illness from which I have never risen again. You see how much I have to thank God for, who has indeed led me by a way which I have not known. At the same time He has seen fit to send me troubles and trials, like waters which one could not cross, were one to look down into them. I am almost the last survivor of my fellow workers in England, men, some of them, but little older than I. And this very year has seen the death of the best and dearest of my pupils, my 'Una,' who was many years younger than I.

"Life, under this discipline, loses—shall I say?—or gains all its value. It becomes but as a part of eternity. And past and future would seem almost more a reality and a presence than the present were it not for pressing duty."

The Founder of Our Profession

WINOGENE PENNEY.

ONE May day in the year 1820, in Italy, near the city of Florence, a little English baby first saw the light. It was Florence Nightingale. Little did her gentle mother think of the baby's name becoming a household word throughout the whole civilized world.

Florence Nightingale's home was in England, and there she grew into girlhood and womanhood. Her father was an educated and wealthy man, and neither time nor money were spared in giving the little Florence the best of educational advantages. She was a sweet, simple child, with a heart full of love and tenderness for all creatures, especially men and women and little children who were poor and unable to care for themselves.

She spent her young womanhood in studying hospital conditions at home and abroad. The comparison was not favorable; the nursing in England's hospitals was in the hands of the coarsest type of women, not only untrained, but caloused in feeling, and often grossly immoral. The characters which Dickens describes in his works as "Sairy Gamp" and "Betsy Prig" are not caricatures of a wild fancy, but persons who actually lived and put the stamp of contempt and ridicule upon the vocation of nursing.

In contrast to this repulsive set of women whom Miss Nightingale encountered she found on the Continent the sweet-faced Sister of Charity—pious, educated, and trained. For centuries the Roman Catholic community had trained and set apart holy women for ministering to the sick poor in their homes, and

had established hospitals supplied with the same type of nurse. A large number of these women were ladies of birth and culture, who worked for the welfare of their church, while all received proper education and training.

After Miss Nightingale's investigation through many hospitals she decided to take a course of training at a recently founded institution for deaconesses at Kaiserswerth on the Rhine. There a Protestant sisterhood were working on lines similar to those of the Sisters of Charity.

Theodore Fliedener, a German pastor, was the founder of this new institution. It was no easy task. He met with all sorts of difficulties, and the beginning was exceedingly small, but he never groped in the dark, his steps were sure.

Who can imagine the flutter of excitement at Kaiserswerth among the good peasant deaconesses as they fluttered about in their simple blue cotton gowns, white aprons, and trim muslin caps, when it was known that an English woman of wealth and position had come to stay among them! That such a woman should voluntarily undertake the duties of a hospital nurse, tending the poor sick with her own delicate hands, was at that time almost unprecedented. Miss Nightingale was quickly at home among her fellow-nurses, for she had a passion for hard work and a wealth of good common sense.

All too soon to both patients and nurses, her training months came to an end, and with the pastor's benediction, her great powers being dedicated to the

service of humanity, she went out from Kaiserswerth.

It was these two, the English gentlewoman and the German pastor, who successfully demonstrated to the civilized world its need for trained nurses. Modern nursing owes its origin to them, not to the medical profession, though it has been fostered by the combined efforts of pioneer nurses, physicians, and laity.

It was the Crimean War that brought to Miss Nightingale her hour to serve humanity most effectually. We will not try to picture the ghastly conquests and the terrible conditions and the almost unbearable suffering endured by the officers and men alike, but rather how Florence Nightingale, with her thirty-eight nurses, brought order and calm and good food and cleanliness to the thousands of soldiers out of the most indescribable chaos.

When the Crimean War had passed into history Miss Nightingale's heart was full of thankfulness that she might return to England. Her mind was very busy, for she coveted the best of things for the English nurses, and she wanted to help to raise the system of nursing to a degree of efficiency never before known. How great was her disappointment when she found her health was all but gone, and she would never again be able to enter her old active life. Yet not a day passed unoccupied. She was looking after the instruction of nurses in several hospitals. People all over England and Europe and our own America were writing to her for advice about hospitals and training schools, and freely and gracefully she gave, and always the help most needed.

The modern nurse is the result of a gradual evolution. It took time and work

and faithfulness for nursing to become recognized as a useful and even elevating vocation.

Miss Nightingale coveted the best women as probationers in the training schools. She said: "The commonly received idea among men, and even women themselves, that it required nothing but a disappointment in love, the want of an object, a general disgust, or an incapacity for other things to turn a woman into a good nurse, is like unto the parish where a stupid old man was set to be schoolmaster because he was past keeping pigs."

Miss Nightingale gave to nurses the highest ideals to strive for. She said: "Nursing is no holiday pastime. Nursing is an art; and to be made an art, it requires as exclusive devotion, as hard a preparation as any painter's or sculptor's work, for what is the having to do with dead canvas or cold marble compared with having to do with the living body—the temple of God's Spirit? It is one of the fine arts—I had almost said the finest of fine arts."

The profession of nursing is one in which every woman should be worthy of her vocation. It means an earnest, careful making ready for duty, and then a faithfulness to duty. As nurses we do not spend our years in training for the financial remuneration that may come, but that we may be more efficient "to serve whomever whenever we can."

We should never lose sight of Miss Nightingale's ideal for us, we should never forget our Alma Mater's careful training and instructions, and we should always remember the Lord Jesus commissioning us to duty for His sake—Inasmuch as ye have done it unto the least of these my brethren, ye have done it unto me.

Milk Stations

ANNETTE FISK.

ONE of the popular philanthropies at present, especially during the summer months, is the distribution of pure milk, both plain and modified, at reasonable prices, for the babies of those in poor circumstances. Five years ago such work was comparatively rare, but it has been spreading of late, and this summer milk stations have been started in many cities in Massachusetts, as in Lowell, Springfield, Worcester, to say nothing of other states. Although in general the plan is the same everywhere, there are still sufficient differences to make it interesting perhaps to consider two of the more divergent schemes.

I first became interested in milk station work the summer of 1906, when a combination of circumstances led to my having charge of the milk distribution opened for the first time that summer by the city of Cambridge, Mass. The Milk Inspector at that time, Dr. A. P. Norris, had direct management, and planned it, I believe, very largely after the method already in operation at Rochester, N. Y. At any rate, the general plan was as follows:

Five stations were opened in different parts of the city for the distribution of plain and modified milk, the latter being prepared at the central station by the nurse in charge. The other stations were also presided over by trained nurses, arrangements being made with the Cambridge Visiting Nursing Association for two of their nurses to have charge of two stations each for an hour every morning. Any one could apply for milk, with or without a doctor's order, and

where there was no order the nurse obtained the requisite information, weighed the baby, and prescribed the formula, the weight having much influence in the determination of the formula. It was also expected that the mother should bring the baby at least every three weeks to be weighed, that it might be clear whether or not it was gaining on the food. Each mother was given an excellent little pamphlet on the care of the baby in hot weather, and it was interesting to see how eager the mothers were for the most part to follow the advice given in it. While giving out the milk in the morning the nurse had an opportunity to inquire for the babies, and if they became sick could see that they had due medical attention. This side of the work is being emphasized more now, however, than it was the first year or two.

As it was largely pioneer work, and as the appropriation was not a large one and all the apparatus had to be purchased, some ingenuity was required to plan effectively and at the same time economically. Thus that first year, after thorough washing with a brush, all the bottles were sterilized, not in a steam sterilizer, as now, but by boiling in clothes-boilers. These were filled from the faucet by means of a piece of hose and were emptied through faucets set into the side near the bottom, a slanting false bottom allowing the water to drain out of the bottles simultaneously with the emptying of the boiler. Later on less water was used and dependence put upon the steam generated in the boiling. When taken out the bottles were set up in



STERILIZING BOTTLES.



FILLING BOTTLES.

trays that held nine bottles one way and six the other, and were covered with wet sterile cloths until time for filling, when nine could be filled at once by means of a special filler planned by Dr. Norris. A certain amount of evening up was required later, to be sure, but that was easily and quickly accomplished with a patent funnel, holding about a quart, with a spring to regulate the outflow. Everything was sterilized, of course, except the milk, which was exceptionally fine and pure, being obtained from the Cedar Hill Farm, one of the few certified farms in the neighborhood of Boston. Those in charge of the distribution believed that clean, unsterilized milk was the best food for the infant. The bacterial count seldom exceeded 2-3000 per c. c.

Cream mixtures were used, four modifications being put up. The substances used in modifying were water, lime water, and milk sugar, and the solutions of these combined in the right proportions were prepared and sterilized by boiling the night before. In the morning about 5:30 the milk came from the farm, heavily iced, and the top cream (10 per cent. fat) was drawn off. As more such light cream was needed, however, than could be obtained from the bottom milk required, additional heavy cream (40 per cent fat) was purchased and reduced by the addition of bottom milk. When the right amounts of top and bottom milk had been added to the solutions they were ready for bottling. At first absorbent cotton stoppers were used, and then an experiment was tried with rubber stoppers, but corks proved most satisfactory in the long run. When the bottles were all ready they were sorted into watertight, covered boxes and iced, that the milk might be kept at a proper tempera-

ture until delivered to customers at the dispensing stations. The prices charged were one cent for four ounces or less and two cents for anything more than that up to eight ounces, in the case of the modifications. Whole milk was ten cents a quart. This just about covered the cost of materials, there being a small deficit on the milk sugar. The lime water we made ourselves.

This good work has been continued in Cambridge every summer since and is going on now, a sixth station having recently been opened. I was in charge for two summers, but had not since been directly in touch with the milk work until last December, when I accepted the position of Supervising Nurse for the ten milk stations run by the Boston Committee on Milk and Baby Hygiene. My supervising duties, however, did not really begin until some time in January, and I first spent a week at one of the North End stations and then ran the station in Roxbury for some time. Even after I began the supervising I had direct charge of a small station in Cambridge. The methods employed by the committee, with whom I severed my connections a short time ago, are quite different in many ways from those followed by the City of Cambridge. The plan is much more elaborate and more costly. Whether the results differ greatly it is hard to judge, as the methods of calculation of the two organizations vary. Thus, the Milk Inspector in his report of the first summer distribution in Cambridge said: "The use of this milk last summer by some 250 infants resulted in a decrease of 16 per cent. in the city mortality rate for infants dying from acute enteric disturbances," whereas the Committee on Milk and Baby Hygiene in their report this spring say: "This table proves that

within the districts served by our stations the death rate during the worst months of the year was nearly 33 1-3 per cent. lower for the one-tenth of the babies who were under our care than for the nine-tenths who were not." So many things have to be taken into consideration in a comparison of such statistics that it is hardly fair to try to draw any serious conclusions.

The Boston committee uses inspected instead of certified milk and pasteurizes it. This inspected milk, which they claim differs from the certified only in that its bacterial count may run as high as 50,000 instead of 10,000 per c. c., is supplied by D. Whiting & Sons, at whose laboratory in Charlestown the modifications—in this case also cream mixtures—are put up. The committee has oversight of the special farms from which their milk comes, and of the laboratory, and decide what formulae shall be used. The prices of the milk as sold cover the cost of services as well as of materials used in preparation. They are consequently higher than in Cambridge, in spite of the less expensive milk used. All formulae may be obtained in pint bottles at the rate of nine cents a quart, while for the individual-feeding bottles the prices are 2, 2 1-2, and 3 cents for 4, 6, and 8 ounce bottles. It seems a pity that the individual-feeding bottles should be so high, as in many of the homes it is most undesirable to have pint bottles in use, as once opened the bottle is liable to stand about unstoppered. The cost of bottling in the small bottles, however, is high.

At each station, of which there are ten in different parts of Boston, a trained nurse is in charge. She is not allowed, however, to give out any milk except on a doctor's order. If a baby comes

without an order and the mother is unwilling or unable to go to a doctor for one, the nurse can give the formula she thinks best until the next consultation, but the child must come then for the doctor to decide about its food. For at least one, and often two or three conferences or consultations are held at each station every week, at which a doctor is present and to which the mothers bring their babies to be weighed and to report progress. Neither doctor nor nurse is supposed to treat sick babies, for the work is wholly a preventive one, the idea being to keep the babies well. When they get sick they are supposed to be turned over to their own family physician or to some hospital or dispensary or to the district doctor, until such time as they are well. If a nurse's care is needed the district nurse is called in. Ordinarily, however, the station nurse is required to visit at least once a week each baby taking milk at her station or coming to conference. If it seems desirable she goes oftener. On such a visit she learns how the baby is and tries to find out whether the mother is carrying out the doctor's orders. It is a matter of educating the mothers in infant hygiene, in the best way to feed, clothe and generally care for the baby, a very important part of the work. The chief value of the conference, it seems to me, is the added weight that may come from "doctor's orders."

Where the nurse gives all her time to the babies and to visiting in the homes she can give special attention to the urging of breast feeding. Many mothers think they have not milk enough, perhaps do not have, and either try to fill out with modified milk or even change to it entirely. In such cases the nurse can oftentimes, by advising the mother as to

her own diet and personal hygiene, make even part artificial feeding unnecessary, and so greatly benefit the child. Some very wonderful results have been obtained in Boston in the way of building up the mother's milk, in one case the percentage of fat being raised from a little over 1 per cent. to over 4 per cent. This testing of the mother's milk is a valuable aid in judging of breast-fed babies that are not doing well.

While on my vacation this spring I spent a week in New York and visited some of the milk stations there. Straus's laboratory was most interesting, and I visited some of the Straus stations also. I was told that they use nothing but certified milk, but it is all pasteurized. As their stations are very numerous—seven open all the year and eleven open during the summer—they employ their own special doctor at a salary to look out for the babies, and he devotes all his time to them, holding conferences at the different stations. There are also three nurses engaged in visiting in the homes, but that seems a very small number of nurses to care for so many babies. Some cream mixtures but more whole milk modifications are used.

The New York Milk Committee also runs four stations, with a nurse in charge of each and a supervising nurse in general control. The number of babies at a station is restricted to seventy-five, and the nurse is supposed to make twenty-five calls a week. Very little modified milk is sent out from the stations, as the committee believes in modification of the milk in the home. The nurses, therefore, teach the people to modify the milk at home, and only modify it at the station under unusual circumstances. This, of course, is most to be desired educationally, though to some it seems rather

risky to encourage home modification in the surroundings found in some quarters. At the New York Milk Committee's stations all the modifications are made from whole milk, not cream. In fact, whole milk and barley water seem to be used more and more as the foundation of all formulae, and it would be interesting to compare the results obtained from the two methods of feeding. Unfortunately most of my experience has been with the cream mixtures. I did help start a milk station in Springfield this summer, at which the whole milk formulae were used, but my stay was too short to throw any light on the subject.

There are several motives at work back of the present enthusiasm for milk stations. The main motive everywhere is the reduction of infant mortality, the prevention of a lot of unnecessary deaths, and, incidentally, the building up of stronger bodies for those who would in any case survive. One runs across people who maintain that the milk work keeps alive a lot of miserable babies who would be better off out of the world, and when we see some of the miserable specimens we might without further knowledge be inclined to agree, to a certain extent, with this view. Who is to tell, however, whether these same miserable specimens, if left to the conscientious but ignorant care of their parents, will die or live on in the same miserable condition? And who that has worked for any length of time among such babies has not seen some of them at least, when they got the right food, pick up and fill out and become as fine babies as one would wish to see? It is very wonderful what proper food will do for a baby, and where there is no real disease a baby

cannot be condemned for being merely skin and bones.

Educationally, the milk work may thus be made most effective. It approaches people on the side where they are perhaps most easily led, the side of their love for their babies. Parents realize the necessity for care in the feeding and tending of their babies as nowhere else,

and education along this line makes a good foundation for education along other similar lines. Moreover, through this education the babies, our future citizens, are given a better start in life, the foundations of our constitutions, as of our characters, being formed to a comparatively large extent in our earliest years.

Practical Points

With pleasure we welcome an interesting and useful invention by a nurse, Mrs. F. E. S. Smith, secretary of the Missouri State Board of Examiners, Kansas City, who has invented a solitaire board, which she has recently put on the market and which will be welcomed in hundreds of sick rooms.

It consists of a flat board with a support which opens out from the board, the board itself being cut out at the bottom to fit around the body of the patient. The board can best be described as plaited with tight plaits running up from the bottom, each plait deep enough to hold firmly a card or several cards. Thus a patient lying flat in bed can have the board placed around his or her body, where it will rest comfortably and with so little weight that it will not disturb any patient who is well enough to think of playing cards. On account of the support, the board has the proper slope and will not hurt the eyes, and by placing the lower end of the cards in the folds or plaits, the patient can play solitaire or any single game just as comfortably as if he or she were playing at an ordinary table.

The board is not expensive and those who are interested will see an advertisement in this issue of the magazine. We wish Mrs. Smith every success with her very praiseworthy invention, and trust that more nurses will see fit to devote a little time and energy to the invention of something which will bring as much gladness into as many sick rooms as will this invention.

A clothes basket incubator for very small, weak, or premature babies may be improvised

by wrapping warm bricks in paper and laying them in the bottom of the basket. Over these lay a thick blanket folded. Hot water bottles may be laid on each side with a roll of blanket between. A blanket is then unfolded so as to line the basket completely and the incubator is ready for the baby. The basket should never be placed on the floor. The temperature of the room and of the incubator heating appliances should not be allowed to vary much. It is highly important that such babies have abundance of good air to breathe and ventilation should be carefully attended to.

To make carbolized oil, add to two ounces of pure olive oil one-half drachmn of pure carbolic acid.

Most nurses find trouble in getting good results in giving continuous saline, and I know the following idea will make it an easy matter, with no guess work.

From your saline can connect a good length of rubber tubing, to the free end of the tubing fit the large end of a hard rubber faucet, which can be bought at any supply house, to the small end of the faucet attach a catheter.

Before inserting the catheter you can regulate the number of drops per minute by means of the faucet.

Now you can elevate your can as high as you wish above the bed. If your rubber tubing is warm your saline is at the correct temperature.

Nursing in Infantile Paralysis

(ACUTE POLIOMYELITIS)

LE GRAND KERR, M.D.

Visiting Physician to the Children's Wards of the Methodist Episcopal, the Bushwick, the Williamsburgh, and the Swedish Hospitals. Consulting Physician to the Industrial Home for Children and the East New York Hospital.

ONE of the most unsatisfactory things in the practice of medicine among children is the care of a victim of infantile paralysis. I use the term "infantile paralysis" simply because it is the more commonly used one to distinguish the disease, acute poliomyelitis. Until recently what knowledge we have had of the disease has been entirely inadequate to its proper care and treatment, and even with the rapid strides made in our knowledge of the disease within the past year or two the care and treatment still remain somewhat unsatisfactory.

It is idle now to attempt to deny the infectiousness and contagiousity of the disease. Because we have yet failed to determine conclusively the exact mode of infection is no excuse for inactivity in the presence of an isolated case or an epidemic.

Much of our inactivity has been occasioned by the fact that the disease does not commonly affect more than one member of a family, but this probably has its explanation in individual susceptibility. There seems to be clear evidence that there exists an individual susceptibility to the disease, and that this susceptibility is strongly influenced by age, for in the large majority of instances the disease attacks those under the age of three years. As it is impossible to determine just which members of a family are susceptible, precautions must apply to all. In considering the nursing problems as applied to this most deforming

scourge of childhood, it may be well to do so from the following standpoints: In the presence of a known epidemic, the acute stage, the care of the later stages. *In the presence of a known epidemic* the attitude of the nurse should be one of constant watchfulness to prevent infection and also to detect at once the first signs of the disease. To prevent infection the question of removal from the affected area may arise, and in such instances the advice should be to hasten such removal. However, such a measure is usually impractical and will not be considered by the parents.

Enough of the mode of infection is known to cause us to be very zealous in the matter of the toilet of the nose and mouth. At least every six to eight hours the nose and mouth should be cleansed with a mild antiseptic solution, and this should not be done in the usual hasty fashion, but must be done thoroughly. Any one of the many pleasant but mild antiseptic solutions may be used, if properly diluted. As such solutions must be used over a long period, spraying apparatus should not be used, but in an infant the cleansing may be done with a small glass syringe for the nose and cotton for the mouth. In older children, teaching them to douche the nose is a simple matter. The skin should be kept in the best possible condition, and this involves the use of a warm cleansing bath daily, which may be followed by the

colder plunge in older children if desirable.

The diet should be restricted to those things which maintain health and promote bodily vigor. The merely pleasing things should be for the time discontinued. The diet should be such as will make the body more resistant to infection and disease, therefore the well-cooked cereals, vegetables, eggs and milk should be given in increased abundance, while meats and sweets are somewhat restricted in proportion.

It is absolutely necessary that the bowel function be performed daily, and if habit has promoted constipation no time should be lost in correcting this fault.

In the acute stage of the disease the same scrupulous care must be given to the nose and mouth, with the additional precaution that everything that comes into contact with the secretions from these parts must be burned or boiled. Therefore it is always better to use gauze for kerchiefs and to have separate eating utensils for the stricken child.

It is practically impossible with our present knowledge of the disease to diagnose it before the appearance of the paralysis, but in the presence of a known epidemic there are symptoms that may be suggestive. The more suggestive ones are fever, diarrhea, vomiting and slight cough, and I am convinced that we should be suspicious of this combination of symptoms occurring in a child under the age of five years, if they could not be positively explained upon some other basis. Then if the disease is suspected the child should be placed in a hot blanket pack and kept there sufficiently long to induce profuse perspiration. One such application is all that is necessary, for repetition might exhaust or depress the

patient. There is one precaution, however, that must be remembered; in some of these acute cases there is a transitory loss of sensibility of the child's skin, and if this is disregarded severe burning may result, as the child will not complain of the heat. Water should be given freely; in fact, its ingestion should be encouraged. For the first day or two the water should be given hot. Hot lemonade or orangeade is usually more acceptable to the children. The bowel should be immediately emptied by a hot enema (110 Fahr.), and in this should be dissolved one ounce of sulphate of magnesia and two ounces of glycerine to the pint of water. A single dose of castor oil should immediately follow the use of this enema.

Mental and physical rest must be rigidly enforced, and this means that the child should be placed in a cool, quiet, darkened room and allowed no attendant except the nurse (and in some instances the mother), and no toys.

The relaxing of this vigorous sick room regime should be most gradual and only as the marked improvement of the child's condition demands it. I must warn against the darkened room also being an illy ventilated one, for frequently such is the case, but with judgment light may be excluded and yet perfect ventilation be secured.

The patient should not be allowed to lie upon the back, but must be turned very frequently upon either side. There are two things that we ought to avoid as far as the spine is concerned—pressure and heat.

The diet for the first twelve hours should be nothing except hot sterile water, and for the period in which fever is present it should be restricted absolutely to fluids. Even milk should not be given in its usual full strength, but is

better if used as follows: Dip off the top sixteen ounces from a quart bottle of milk in which the cream has risen, and dilute it with an equal quantity or more of water, and use in place of ordinary milk.

The question will undoubtedly arise as to how long the strict isolation of the patient should be observed. There is but one safe guide, and that is the temperature, and as long as there is fever present isolation must be strict.

The care of the later stage is principally directed toward the prevention or limitation of atrophy of the affected muscles. It must be recalled that the first onset of the paralysis is much more widespread than it will be later, and that within a few days after the occurrence of paralysis there will be a very considerable recovery of power in most of the muscles. But those that remain paralyzed will show a tendency to rapid degeneration and wasting, and this must be combated. As soon as the acute stage has passed the affected muscles should be carefully but thoroughly massaged for at least fifteen minutes three or four times a day. The best lubricant to use is goose oil, because it is very absorbent, has a low melting point and leaves no greasy residue. During the epidemic of 1909, in which I was able to closely study some sixty-five cases, I frequently used slight constriction of the affected limb to limit atrophy. The method used was simple; the nurse once daily applied a piece of ordinary rubber tubing about the limb as near to the joint as possible and gently twisted it until the whole limb showed a very slight congestion and discoloration. This constriction was kept up for ten to fifteen minutes and then the tubing removed. The tone of the musculature seemed to be most

favorably affected by this simple procedure. The use of the electric current is not necessary during the first two or three weeks, but after that period its use encourages the proper exercise of the affected muscles.

When the electricity is used it has been the common practice to abandon the use of massage, but such a procedure is radically wrong. The massage is most important and must be continued, even when the electric current is used. I am constrained to emphasize the fact that electricity and massage (and particularly the latter) should be continued over a very long period. In fact, they should be continued over what may at first seem to be an unnecessarily long and hopeless period. After a time even the parents of an affected child become discouraged and are ready to become inactive, but this should be combated and the child given every possible chance for permanent relief. If any definite time could be set in which this continued effort should be carried on with the hope that it would result in relief I should place that time at not less than three years. I am convinced that many of the distorted limbs of to-day are the result of discouragement lulling one into inactivity.

In the very late stages, when it seems probable that some sort of a brace will have to be worn by the child to prevent the strong, healthy muscles of the limb from pulling against the weak, paralyzed ones and resulting in more or less deformity of the limb, the child's skin should be prepared for this mechanical restraint. Every day the parts to be subjected to mechanical pressure should be freely bathed with alcohol and salt (one ounce to the half pint) or a rather strong brine. Such preparation will save con-

siderable annoyance later on, and will inevitably add much to the little one's comfort.

Throughout all stages of the disease every advantage must be taken of secur-

ing perfect elimination of waste products, a diet somewhat more than necessary for the child's immediate needs and hygienic surroundings of the best obtainable kind.

Lessons in Chemistry for Nurses

MINNIE GOODNOW.

Superintendent Bronson Hospital, Kalamazoo, Mich.

MANY of the elements are familiar to us. Others need description.

Hydrogen is a gas without color, taste, or odor. It is the lightest of all known elements. Hydrogen is rarely found uncombined; it has a great affinity for oxygen, the two combining readily to form water. Water being so abundant, it will be seen that the amount of hydrogen in the world is very large.

Hydrogen is found chiefly in organic substances, i. e., plants and animals, and in some mineral substances. It burns readily, with a very hot flame, combining with the oxygen of the air to form water vapor. (The oxy-hydrogen blow-pipe is a device which produces the hottest flame known to science.)

Oxygen also is a gas without color, taste, or odor. It is a very active element, i. e., will combine with almost everything. Oxygen forms about one-fifth of the air and about one-third of the water of the globe; occurs largely in all animal and vegetable matter, and in nearly all rocks and minerals. It is, in short, the most abundant element, and makes up over one-half of the earth's surface. Its tendency to combine with everything is in a large measure respon-

sible for the changes which take place so constantly in organic compounds, decay, rust, combustion, and even the disintegration of rocks.

(Water, H_2O , is an interesting compound from the fact that it is a fluid formed by the union of two gases; two intangible, invisible substances uniting to form a tangible, liquid mass.)

Nitrogen is a colorless, tasteless, and odorless gas, which forms four-fifths of the air and is in organic and inorganic substances in considerable quantity. It is very inactive, and under ordinary circumstances will hardly combine with anything.

Growing plants and animals need a great deal of nitrogen, but are unable to obtain it from the air. Their supply comes from the nitrogenous compounds in the soil and in other plants and animals. Blood, muscle, and nerve substance contain nitrogen, and the grains and some vegetables. Nitrogen does not burn, nor does it support combustion.

(Air is a mechanical mixture, not a chemical compound. It contains about four parts nitrogen, one part of oxygen, and a small amount of watery vapor, carbon dioxide, and other substances.)

Carbon is the chief constituent of all organic substances. Three forms in which we best know it are coal, diamond and graphite (the lead of pencils). Charcoal, bone-black, lamp-black, coke, peat, petroleum, asphalt, etc. are more or less pure carbon. Marble, limestone and chalk are compounds of carbon. Sugar, starch, vegetable fibers, fats, oils, alcohol, ether and innumerable other substances are carbon compounds.

Charcoal, which is almost pure carbon, absorbs large quantities of gas into its pores. This makes it a valuable disinfectant and deodorant in the sick room.

Carbon dioxide, also called carbonic acid gas (CO_2), is one of the most important carbon compounds. It is formed during combustion, and is thrown off in considerable quantity by animals in the process of breathing. (See Lesson VI.)

Sulphur is a yellow, crystalline element more or less familiar to us. It occurs in the earth uncombined, especially in volcanic regions. Small quantities are found in plants and animals, as in mustard, yolk of egg, bile, hair, etc. Sulphur is used in bleaching and as a germicide.

Phosphorus is a common element, but not an abundant one. It occurs in many rocks (in combination), in the soil, in seeds and grains, in the bones and brains of animals, in urine, blood, etc. It does not occur in nature uncombined. Pure phosphorus is a violent poison; it is the chief ingredient in matches.

Calcium, commonly called lime, occurs as marble, limestone, chalk, in plants, in animals and in water. It is an important constituent of bone, teeth, shells, etc.

Sodium is a silver-white metal, never

occurring alone. It cannot be kept in water or air on account of its great affinity for oxygen; it is only preserved in the pure state by being placed under naphtha or some liquid which contains no oxygen. (If a small piece of sodium can be obtained, exhibit it and show its action when dropped upon water. It immediately breaks into a bluish-white flame.)

The commonest and most important compound of sodium is the chloride, common salt. It forms about 3 per cent. of sea water, and some of the salt lakes contain nearly 30 per cent. It occurs as rock salt in many parts of the world (Poland and Spain); in our own country, as in New York and Michigan, it is obtained by evaporating the brine from salt wells, slow evaporation producing large crystals; rapid, small ones. It is found in the blood of animals and in their bones. Normal salt solution contains the same amount of salt as human blood does, and is often used to supply a loss in case of hemorrhage or in collapse. It is a direct heart stimulant, acting not as a spur, but as material upon which to work.

Sodium chloride is used largely in manufacturing other products. Sodium sulphate, Glauber's salts, a hydragogue cathartic, is made from salt and sulphuric acid. The reaction is as follows:
 Sod. chlor Sulphuric ac. Sod. sulph. Hydrochloric ac.
 $2\text{NaCl} \text{ plus } \text{H}_2\text{SO}_4 = \text{Na}_2\text{SO}_4 \text{ plus } 2\text{HCl}$

Sodium carbonate (washing soda or sal soda) and sodium bi-carbonate (baking soda) are also made directly from salt. Sodium hydrate, or caustic soda, is another common soda compound. It is a strong alkali, used in soap-making.

Anatomy and Physiology

The Circulation System

CLARA BARRUS, M.D.

WE now come to study the *vital processes* of the body, those processes by which life is carried on, growth is accomplished and waste materials are removed. These functions are those of circulation, respiration, alimention and excretion.

In this chapter we shall study, in part, the *circulatory system*. This is made up of the heart, the arteries, the veins, the capillaries and the lymphatics. By means of these structures the *nutritive fluid, blood*, is made to circulate through all the tissues, to nourish them and to carry away the materials not needed for nourishment.

Blood is the carrier of oxygen and of digested food material to all parts of the body. From it tissues appropriate what they need and to it give up their refuse matter, which is carried in the blood stream to those organs which separate the waste materials and cast them out of the system. The blood also serves to warm and moisten all parts of the body.

The *heart* is the center of the circulatory system; by means of alternate contraction and relaxation it propels the blood into the vessels called the *arteries*; the *capillaries* are very small, hair-like networks of tubes that ramify in all the tissues. The blood passes from the arteries to the capillaries; while the blood is in the capillaries the interchange of food and waste materials is made through the thin walls of the vessels; the *veins* then conduct the impure blood back to the heart, thus completing the

circulation. The blood is in constant motion during life, an out-going current escaping from one side of the heart and an in-coming one entering at the same time on the other side.

The *heart* is a hollow muscular organ, shaped like a cone, situated in the chest behind the breast bone and between the lungs; it is enclosed in a membranous bag called the *pericardium*, which also covers the roots of the great vessels as they arise from its base. The heart lies obliquely in the chest, nearer to the front than to the back, with the broad part of the cone directed upward, backward and to the right, and the apex downward, forward and to the left. At its base it admits of limited motion, but its apex is more freely movable. It is the *apex beat* that we can feel and often see in the space between the fifth and sixth ribs, about three inches to the left of the sternum. In size the heart is about as large as one's fist; its average length is five inches, while its breadth is about three and one-half inches in its broadest part and its greatest thickness is about two and one-half inches. It weighs from eight to twelve ounces, varying in size in different individuals, and being larger in men than in women. Its chambers hold from four to six ounces.

The *pericardium* which encloses the heart is a fibro-serous membrane made up of two layers, a strong fibrous one on the outside and a serous one on the inside, investing the heart and then being reflected upon the inner surface of the

pericardial sac. The opposing surfaces glide smoothly over each other during the movements of the heart, because the serous membranes are bathed with a thin fluid which keeps them well lubricated. The pericardium is attached to the diaphragm below, while above it is attached to the external coats of the large blood vessels as they branch off from the heart.

The *chambers of the heart* are four in number. The organ is divided into a right and left heart by a muscular partition running lengthwise, while a transverse constriction subdivides each side into an upper and a lower chamber. The upper chambers are called *auricles* from a fancied resemblance to a dog's ears; the lower ones are called *ventricles*. There are openings between the upper and lower chambers on each side, but no means of communication between the right and left sides. The heart is, therefore, like a double house built for two families, each house having its front and rear doors, but with no interior communications between them. Both halves of the heart act together in point of time, but each half has its separate duty to do, the right half always to pump along venous blood and the left half always to propel arterial blood. The *right auricle* is at the base of the heart. It is lined, as is all the heart, with a smooth, glistening, serous lining called the *endocardium*. Opening into the right auricle are two large blood vessels, the *superior and inferior venae cavae*, which bring the blood from all parts of the body; the *superior vena cava* returns the blood from the upper part of the body, while

the *inferior vena cava* returns it from the lower part. Several small veins of the heart itself also open into the right auricle.

The *right ventricle* forms the large part of the front of the heart; it is triangular in shape. Its walls are thinner than those of the left ventricle.

The opening between the right auricle and the right ventricle is guarded by a three-cusped valve, the *tricuspid*, so arranged as to prevent the blood from passing except in one direction, downward. The bases of these cusps are firmly held to columns of muscular tissue on the walls of the ventricle by slender tendinous fibres, the *chordae tendinae*; these are the "heart strings" we hear so much about.

Semi-lunar valves formed of three semi-circular folds guard the opening into the pulmonary artery.

The *left auricle* has thicker walls than the right; it receives on either side two pulmonary veins.

The *left ventricle* occupies the chief part of the posterior portion of the heart; it is longer and more conical than the right, projecting beyond it in front and forming the *apex* or point of the heart. Its walls are about three times as thick as those of the right ventricle.

The opening between the left auricle and the left ventricle is guarded by a two-cusped valve called the *mitral valve*, similar in structure to the tricuspid, but much stronger because of the greater strain put upon it; this valve is held down, as is the tricuspid, by tendinous cords attached to the muscle columns of the ventricular walls.

(To be continued.)

The Nurse's Duty Regarding Plaster Dressings

CHRISTINA GRACE RANKIN.

THE nurse's duty regarding plaster dressings usually begins with the making of the bandages. For this the best grades of plaster should be secured—never the common grade used on walls. It is better, unless a great number of bandages are being used, to get the plaster in ten pound tins, which should be kept sealed with adhesive plaster or with some of the plaster cream. The crinoline used varies in quality. The kind used by milliners for lining hats does very well, or it can be purchased direct from the surgical supply houses where other bandages are procured. The average length of a bandage is about five yards and the width two and a half inches. A plaster bandage narrower than two inches is rarely called for.

The powdered plaster is spread evenly and smoothly on the bandage so as to get into the meshes and very loosely rolled. Each bandage is then wrapped in paper and placed in a covered tin bucket or canister, the lid being sealed by adhesive plaster.

When a plaster dressing or "cast" is to be applied, it is the nurse's duty to get the patient ready for it and to have the appliances needed by the surgeon at hand. Some padding or protection of the part is always required. Common cotton batting is preferable to absorbent cotton for protecting the part and especially for protecting points such as the ankle, heel, etc. The absorbent cotton absorbs moisture from the wet bandages and also perspiration and soon loses its elasticity. If a plaster jacket is to be applied, a neatly-fitting cotton undershirt

is used. On the foot and leg stockings may be used or the limb may be encased in cotton, which is held in place by a cotton or gauze bandage. If the shoulder and breasts are to be included in the plaster cast the axilla and breasts should be first washed with soap and water, rubbed with alcohol, dried thoroughly, and dusted with talcum powder before applying the protective dressing. Tin strips are sometimes used to reinforce the dressing, and if holes are made in them with an awl or nail alternately inward and outward, the rough edges will be easily gripped by the plaster and thus prevented from slipping. Before the application of the plaster dressing is to be made, the floor and surroundings should be protected by a sheet or by newspapers.

If good plaster is used salt will not be needed to aid or hasten the setting. A basin is required—one that is deep enough to submerge the bandages, one by one, with the end up. Lukewarm water is most frequently used. Hot water is said to hasten the setting of the plaster and cold water to retard it.

The bandage should be at once covered with water, and when the bubbling has ceased it is lifted and gently squeezed with a hand over each end. Loose threads are freed from it and the end found for the surgeon. It is handed to the surgeon with a few inches of the end held out and the body of the roller upward. Some dry plaster should be at hand to rub on, and as soon as one bandage is taken out of the water, another is put in.

When the plaster is to be applied over

the groin of children, or in adults where there is danger of soiling with urine, a piece of rubber tissue is often put in over the edge and covered by the last turns of the bandage.

It is then the nurse's duty to see that the patient maintains the position desired for the cast, until the plaster is dry. When the dressing is applied to a leg or arm the fingers and toes are left uncovered and should be closely watched so as to be sure that the dressing is not interfering with the circulation. Sometimes when an edge is irritating the skin some relief can be given by slipping in at the edge a little extra cotton. In any case, signs of irritation should be watched for

and reported to the surgeon. A portable basin should be provided for the preliminary cleansing of the hands, as very much plaster, or hardened bits of plaster, are liable to interfere with the plumbing. A little washing soda is a help in getting the plaster off the hands.

A variety of knives and similar appliances have been invented for removing plaster dressings, but any strong knife with a sharp point may be used. Sometimes wetting the bandage with a sponge along the line where it is to be cut is done to soften the plaster and facilitate the cutting. The floor and bed need to be protected as when the application was made.

Changes in the Navy Nurse Corps.

APPOINTMENTS.

Maud L. McKennie, graduate of the Brooklyn Hospital Training School; Tella B. Erwin, Lakeside Hospital, Cleveland, Ohio; Mary R. Gillette, University Hospital, Philadelphia, Pa.; Lily E. White, St. Vincent's Hospital, Norfolk, Va.; Ruth R. Kuhn, University of Maryland Hospital, Baltimore, Md.; Mary R. Ridgway, Providence Hospital, Washington, D. C.; Claribel Pike, graduate of Danvers Hospital, Hathorne, Mass., Post-Graduate Bellevue and Allied Hospitals; Martha A. Brooke, Jefferson College Hospital, Philadelphia, Pa., surgical nurse Touro Infirmary, New Orleans, La.; Susie I. FitzGerald, St. John's Hospital, Lowell, Mass., late supervising and operating room nurse Boston Emergency Hospital. Miss FitzGerald was appointed to the nurse corps last October, but through an oversight her appointment was not published.

TRANSFERS.

From the Naval Hospital, Norfolk, Va., Thomasina B. Small, to the Naval Hospital, Mare Island, Cal., and Mary C. Nelson, to the Naval Hospital, Brooklyn, N. Y.; from the

Naval Medical School Hospital, Washington, D. C., to the Naval Hospital, Norfolk, Va., Sara M. Cox and Sara B. Myer.

ESTHER V. HASSON,

Superintendent Nurse Corps, U. S. N.

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Changes in the Army Nurse Corps.

APPOINTMENTS.

Clara E. Ellwanger, graduate of the Burlington Hospital, Burlington, Ia.; employed for three years in the Pennoyer Sanitarium, Kenosha, Wis., and head nurse at St. Bernard's Hotel Dieu Hospital, Chicago.

DISCHARGES.

Josephine Anslyn, August 31, 1910; Margaret T. Wahls, August 31, 1910.

TRANSFERS.

Gertrude H. Lustig, from San Francisco, to Fort Bayard, New Mexico; Ruby E. Nichols and Mary E. Wimbish, from San Francisco, to Philippines Division, September 7, 1910; Gertrude B. Gilstrap and Louise H. Gutberlet, from Division Hospital, to Fort William McKinley, Rizal, P. I. JANE A. DELANO, Superintendent Army Nurse Corps.

Human Nature and a Nurse

H. RIVERS.

(Continued from August.)

A MAID ushered me into the parlor of the home of my second private patient, where I was at once joined by a tall, slender lady in black. She told me her mother, quite an old lady, had been ill three weeks, and though she herself was an invalid, she had cared for her, as they were both greatly opposed to trained nurses. They never had employed one before and now, I must understand, it was only because her strength had given out that one had been called in. I would find little to do and my stay would be short, as the physician had said that morning her mother could not live twenty-four hours. Her whole bearing was so frigid it was a relief to hear my stay would be brief.

Besides, through general debility, rheumatism and cystitis, my patient's vitality was still further drained by a bad bed sore near the end of the spine and by a long gash across the top of her head, received while trying to get out of bed to wait on herself. This had been drawn together with eight stitches. So the "little" I had to do in twenty-four hours was to dress the bed sore three times, look after some stitch-hole abscesses, use the battery, rub her twice with liniment, give an enema, irrigate the bladder twice and catheterize p. r. n. in addition to the regular work. I was luckily too busy to be very much depressed by the atmosphere surrounding me.

Then, too, I missed the council and advice upon which I had learned to lean,

as all pupil nurses do, at the hospital. Was I right in thinking it unnecessary to summon the doctor, or would the patient die because I was too stupid to note alarming symptoms? Three o'clock one morning as I stumbled down the steep back stairs on an errand to the kitchen, worrying over my decision, I found myself unconsciously repeating part of the Collect for the first Sunday after the Epiphany: "Grant that [I] may both perceive and know what things [I] ought to do and also may have grace and power faithfully to fulfill the same." Since then I have always thought of that particular prayer as one especially suited to the private-duty nurse. I know it helped me.

When my third afternoon with no time off faced me I asked the daughter at the lunch table if she thought she could spare me for two hours, as it would be perfectly safe for me to leave her mother for that length of time.

"No," she "couldn't think of it." However, a still, small voice, I suspect, led her to change her mind, for she suddenly appeared before me with "if I let you go for two hours will you promise me you will surely return?" Assuring her I would not dream of doing otherwise I prepared for my outing, secretly pleased at the tacit admission she had misjudged the members of my profession. Evidently she remembered the reception she had given me and felt that after demonstrating our worth it would only be what she

merited if I now left her in the lurch. When I returned to the sick room I knew I would no longer be kept in cold storage, but was actually regarded as an acquisition. Six weeks later, feeling worn out, as the case, while pleasant, was a hard one, I turned the patient over to another nurse, who, proving equally satisfactory, the family frankly admitted they had been won over and gladly paid tribute to the virtues of the trained nurse.

* * * * *

A knock on the door roused me up and the voice of the lady of the house—a member of the aristocracy and of a select social set—inquired if I would like to take her young daughter to the matinee that afternoon. She had been unable to find any one to chaperon her and thought perhaps I had had sleep enough to carry me through the night—I was on night duty caring for a member of the family—and would enjoy going. One does not say no to a chance of hearing the Metropolitan Company in Grand Opera, and I was wide awake in an instant. Replying to her inquiry as to whether I had all I needed to wear, I told her yes, with the exception of gloves—as it was Winter I had only mittens with me, but in going we would have to pass my home and I could stop for a pair. She thought that would delay us and offered me a pair of hers—"that is, if you can get them on. What size do you wear?" Thankful that a substantial door hid the laughter in my eyes, I meekly replied, "Five and three-quarters." "Oh!" (hastily) "you will have no trouble then. I will send you a pair at once." When they were handed in and the door safely shut, the "person" who worked with her hands for her bread and butter

and such promptly looked for the size of the lady of high degree, and when she saw the figures 6¼ she smiled—in appreciation, not in malice.

* * * * *

While the Spanish-American War was a little pocket handkerchief affair compared with our civil conflict, it was long enough to develop many a hero.

The night had been hard and long in a surgical ward in one of the army hospitals, and through it all I had comforted myself that at least one of my patients, Lieutenant X., had been free from suffering and able to sleep. In fact, he had not changed his position all night. In the early dawn, passing by the foot of his bed, I was shocked to find he had, by moving his arm, revealed a face as grey as the dawn itself. I exclaimed, "You have laid here all night in pain. Why didn't you let me know?" He wearily replied there was nothing to be done, and besides the others had needed me. "Well, they don't need me now and I am going to see what rubbing will do for your leg." While the wounds had healed, they had been so extensive as to make the Lieutenant still a cripple, unable to leave his bed. I knelt down with my back to his face, so he should not feel he was being watched, and began to rub. In ten minutes the muscles started to relax and in half an hour he was sleeping soundly and did not waken until long after the day nurses had come on duty.

After that I kept a closer watch on him, but while he did not try to hide his sufferings, he always insisted upon waiting until all the others were cared for, which often made it after midnight before I was at liberty.

One of the other patients, a private, shot through the right lung, had been at

death's door for some time, and his recovery seemed doubtful. He slept well through most of the night, but awakened in a cold perspiration and with all the symptoms of extreme prostration. One of my duties was to keep an eye on him and give him a drink of whiskey at once when he stirred. This proved very beneficial and he slept longer each succeeding night. One morning he slept unusually late and the others were all awake having their toilets made when he roused up. As I carried him his whiskey Lieutenant X. laughingly called to me to bring him some, too. In the same spirit, I asked for his written order from the ward surgeon, which, of course, he could not produce. He teased and coaxed and finally ordered and commanded me to bring him some whiskey. This I could not do without the surgeon's order, which I did not have.

I am quite sure he was not a drinking man and had begun in a spirit of fun, which eventually changed to deadly earnest. He grew so offended and angry I went off duty very much depressed. I dreaded going back to the ward that night. His patience, unselfishness and

courage had won my hearty admiration, and while as far as I was concerned the unfortunate incident would willingly be dropped, I had no means of knowing the extent of his capacity for sulking.

That evening I departed from my usual custom of going to each bedside and speaking to the occupant; I only went to those who would require most of my care, and then repaired to the diet kitchen to inspect my supplies. Here the corps man found me and said a certain boy with a broken leg wanted me. I forgot at the moment his bed was across the aisle from the Lieutenant's. As I approached him he shook his head and pointing to the Lieutenant, said: "It's him who wants you." Sick at heart and fearing I knew not what, I turned toward the Lieutenant. He had pulled himself up into a sitting position with his hands locked around one knee. As I faced him his voice rang out in no uncertain tones: "Miss Rivers, I beg your pardon for the way I treated you this morning. I promise never to do so again. Will you forgive me?" So, after all, he was doubly a hero, for he had both moral and physical courage.

The Superintendent of Nurses.

Midsummer's blazing all-enwrapping heat
 Into the darkened wards forces the noon,
 Sultry and burning, till the senses swoon.
 Sad men and women, as the fierce rays beat,
 Lamenting sore their pain, do rest entreat,
 Urgently praying for that precious boon,
 Coolness, and surcease from their torments
 soon—

Yea, after anguish, pitying death seems sweet.
 Clad all in white, a woman pauses near,

A quiet woman, strong to meet their pain,
 Yet bearing in her soul its iron trace.
 Eyes eager watching, heavy with dark fear,
 Rest on her face, and straightway courage
 gain,
 Solaced and strengthened by her spirit's grace.

J. D.

The above is an acrostic which forms the name of a prominent superintendent and which appeared in the Providence Journal of July 30.

Baby "Da"

MYRA ISOBEL STEVENS

Childrens' Hospital, Los Angeles, Cal.

YOU would hardly recognize him now as the little half-wild, unkempt creature who came to us almost three years ago. Neglected he certainly was; covered with sores, scraggy hair, he reminded one more of an animal than a human child.

His Mexican mother had never realized the care a child should have and poor little Charlie had Potts disease, and we soon put on a Bradford frame, then began the training of the little wild thing. He was not called Charlie after the first few days, but Baby Da. This is how the name originated. An abscess was dressed daily, the proceeding was quite painful, but after a few days of crying and screaming during the dressing, he stood it heroically, made but a groan or two, and just as we were nearly finished, would say in a pained little voice, "Da?" meaning, done? He could not speak plainly, he was but little over two years. So the nurses called him Da, and Baby Da he is called to this day.

After a week or two the change in his appearance was decided, the sores, with care, were healing, hair was cut and kept tidy, and Baby Da was beginning to take notice of things going on in the ward. He was not a pretty child, but had bright black eyes full of expression. Such an affectionate little soul, and such a mischief, and, if aroused, such a temper. One day a hypodermic was ordered to be given; he was taken quite by surprise, it was given so quickly he had no time to protest. But watch his little face as he glares at the nurse,

see the inward wrath and how his eyes seem to get blacker with rage, because, not understanding, he thinks he has been purposely hurt; and now the outburst of his pent-up feelings. Two little hands fly out from under the covers and slap each other, "Bad boy Miss, hate you, kill you, glad break oo leg," and the passion is spent. To him every one is boy, doctors, patients and nurses, and there being several fracture cases in the ward at the time, what worse wish than "I would be glad if oo break oo leg."

He is generous to a degree to those he loves. To a little girl in the room he will give any of his toys; it is Mandie this and Mandie that, but let any one else dare to touch those toys and see him. He is now the life and mischief of the ward, and how we all love him. Always at night, when the light is put out, a little voice from Baby Da's bed pipes "Oo'd night," and go into the ward any time during the night, no matter how many times, and click you turn off the light, he stirs in his sleep, and "Oo'd night" in a sleepy almost unconscious voice is what you hear. What a picture he made last night as I came on duty, fast asleep with a brown Teddy bear cuddled up in his arms! I looked long and sadly at the little one; he is to go home soon. Home! The father is an American man, who has left the mother, a degraded Mexican woman; she makes claim on the child. Poor little soul, you, with your intense nature, whether for good or bad, to think you have to go with her, a woman of that

type. Better far, dear, that you had not got well. How we shall miss you and think of you. What kind of a man will you turn out to be? Poor Baby Da, "Oo'd night." God bless and guard you, dear.

Hysteria During Pregnancy

NELLIE BREWER GOODWIN.

A CASE of much interest came under my care a short time ago while in charge of a small sanitarium. A patient was admitted for treatment for intestinal disturbance and was ordered complete rest in bed, and was put on a strictly peptonized milk diet with treatment consisting of two high irrigations daily. I learned during the following week, in caring for the patient, that during pregnancy some months previous she had at times been very nervous, but at the time she came under my care she appeared bright and in good spirits, except when in pain, which at times became very severe. Her child at this time was eleven months old. I took the greater part of the care of her, giving her the irrigations, in hopes of finding out just what might cause the severe attacks of pain. She weighed one hundred and eleven pounds, having gone from one hundred and thirty pounds during the last six months.

One evening ten days later I found the patient in great agony lying on her right side, with her knees drawn up, with a terrified countenance and with forehead bathed with perspiration. I found her pulse to be one hundred and thirty beats a minute and respiration rapid. She explained that she felt as though there were a lot of knives cut-

ting her rectum, and said that on using the commode a short time previous she had passed something which made a clinky noise in the agate receptacle. On examining the contents, found to my horror and surprise a bunch of bent pins partly covered with fecal matter. I notified her physician at once, and he ordered an irrigation of the lower bowel, which I gave, and which caused most intense pain. In the meantime the physician arrived, and she was put on the operating table and by the use of the rectal speculum, a tenaculum and long dressing forceps, he dislodged and removed a ball of hardened fecal matter the size of a large English walnut. The patient was then given another irrigation and passed small particles of fecal matter, with several more bent pins. The ball of fecal matter, to our surprise, held together over three hundred bent pins.

One week later the patient was discharged in fine condition, having been on full diet four days previous to the time of discharge. I learned from the patient that during pregnancy while sewing she had been in the habit of putting pins in her mouth, and in her extreme nervousness would bite, bend and swallow them.

The Diet Kitchen

The Need of Careful Selection and Preservation of Food-Products to be Used for the Sick

MARY H. TUFTS.

OUR large cities are now reaping the many benefits of the work of the various Health Commissions, Societies for the Improvement of the Condition of the Poor, etc. The District Nurses' Associations also do an invaluable work in teaching hygiene and dietetics, and in caring for the poor.

In the cities among the poorer classes the only ones who do not benefit by these instructions are those who will not see or hear, or those of deficient intellect, who cannot grasp the meaning or make practical application of the instruction they receive.

The private nurse in her work occupies a somewhat less independent position in the household of which she is a temporary member than that occupied by the worker for a public health commission or charitable nurse association.

Perhaps this is the reason why the private nurse sometimes hesitates about openly criticising the unhygienic, unsanitary conditions to be found sometimes in even the homes of the well-to-do.

It is possible, too, that she feels after she takes up nursing in families that she is only responsible for the preparation of foods for her patients, and not responsible for the selection and preservation of said foods.

No greater mistake could be possibly made. The preparation of food for the

sick is an important part of the nurse's work, but, after all, is only a fractional part of her responsibility.

It is a well-known fact that persons who are ill or constitutionally weakened are extremely liable to reinfection, or toxemias, induced by the consumption of microbe-laden foods, and by other unsanitary conditions.

The cleanliness, neatness and laws of order governing the New England housewives are proverbial; and I have been surprised, to say the least, by some of the actual conditions which I have found in my house-to-house nursing here in New England.

It is, of course, a nurse's duty to be as diplomatic and tactful as she can in dealing with matters regarding which the family in which she works may be sensitive or easily offended. But if necessary for the protection and welfare of her patients she should "speak out" in regard to any household conditions that are a menace to health and that may be remedied by so doing.

Be it said for the average doctor that he is both kind and willing to uphold the hands of his nurses in any good work, and he may be relied upon to aid the nurse in doing away with many objectionable conditions menacing the patient's well-being.

In regard to selection and preserva-

tion of foods, I have found that many otherwise intelligent people scout the idea that germs are our disease producers; some are interested in this fact, however, and the nurse's efforts toward securing a perfectly healthful dietary for her patient will not be looked upon as a "cranky" show of fussiness or authority, but will be appreciated as incited by her whole-souled interest in her patient.

I will cite a few of many injurious conditions existing in the homes of and concerning the health of my patients.

Milk is prescribed more frequently, I believe, than any other food for the sick who are on liquid diet. And it is one of the foods that is most likely to be laden with all sorts of pathogenic bacteria, from the fact of its uncleanly and oft-times careless handling.

Judging from my experiences, I am compelled to believe that in the average instance we are not as sure of being able to get as pure milk in the country as we do in the city. At first this statement will probably sound perfectly absurd, but is explained in this way:

Few country towns have a milk inspector, and those who sell milk are regulated largely by their consciences (if they have any) and by their ability to supply their customers with a milk sufficiently rich to suit them, or which does not fall short in measure, or reach the customer in sour condition.

Comparatively few milk consumers in the country know whether the milk is produced by healthy cows or not, and rarely interest themselves as to the methods of handling and caring for the product.

Many times the members of the Boards of Health in country towns fail utterly to enforce restrictions as to the

sale of milk coming from premises where infectious and contagious diseases exist.

Some years ago I was nursing a case in a small country village; the family procured their milk from a farmer who lived a short distance outside the town. The farmer who brought the milk to us looked clean and tidy in his dress, and the milk was always free from objectionable odors, and delivered in clean-looking cans, each customer having his own can, marked, so as to prevent exchange of can in delivery. Mrs. M——, my patient's mother, assured me when I asked about the milk supply that it was exceptionally clean and good, and said that she had been so glad that she could procure milk from these people, because they were so neat.

One morning our milkman reported that he would be obliged to cut down on the amount of milk he brought us, as one of his best cows was sick. I was in the kitchen when he came, and inquired what he thought was the matter with the cow. He answered, "I don't know; she hurt herself in the pasture, I guess. Two weeks ago she began to go a little lame, as if she had wrenched her shoulder; and now she is off her feed, seems feverish, and is so lame that I have to keep her in the barn."

I asked him if he had been milking that cow since she had been lame and ailing; and he said that he had milked her until she lost her appetite, as he had not noticed that she was feverish until then, or seemed sick from the lameness. And I found that our milk supply was a mixture of this cow's milk and that of three others.

I was naturally indignant, and refused to use for my patient any more milk that came from that place, much to the

indignation of the milkman and my patient's family.

In a few days after this the farmer called a veterinarian to treat the cow, and was told that the animal was badly affected with tuberculosis. The veterinarian notified the State inspectors of cattle and the animal was killed. Many of the large bones were badly diseased and the udder beginning to show tubercular deposits.

In another case where I was nursing, and the family bought milk from a man outside the town, it was found, when I had used the milk ten days for my patient, that two members of the milkman's family were ill with typhoid fever, and were being cared for by members of the family.

The alvine discharges from these patients were being disinfected (?) by a hasty mixing with dry chloride of lime powder, and emptied into an earth closet which was exactly nine and one-half feet from the well that furnished the water supply for all household uses. Two members of this household who were caring for the sick ones, were also caring for the milk cans and pails, cloth strainers, etc., and, after waiting upon the patients, disinfected (?) their hands by washing in soap and water.

Water in which the patients were bathed was emptied into the iron sink in the kitchen, where the dishpan and general washdish were used. After the Board of Health had investigated the affair, one of the Board told me that while he was at the house where the typhoid cases were, he personally saw a woman empty a bowl of water in which she had bathed one of the pa-

tients into the sink, and a little later saw her wash milk cans without disinfecting her hands; and when done using the dishpan she had wiped the pan inside and out with the same cloth used to wash milk pails and cans. Now, the water used for general baths for a typhoid patient undoubtedly contains numbers of typhoid germs; and the probability that these germs might get on the bottom of the dishpan that was set into the sink was very great.

Later on, when two more people in that town developed typhoid, and were found to have used milk from the house where the original cases were, it was not difficult to imagine where the infection of the last cases came from.

The doctor in attendance upon the first named cases told the neighbors of the sick people that they had "bilious fever." And, the first I knew of the trouble, a little girl from that house came where I was nursing and said that the doctor said her brothers were "having a mighty light run; and will get well all right, even if it is typhoid."

My patient's family and I held a hurried consultation after the child left the house, and one of them went immediately to town and reported the case to the Board of Health, and, to our surprise, found that the doctor attending the typhoid cases had not reported them.

It is needless to say that the Board of Health "got busy" and stopped the sale of milk from that house, condemned the well whence they drew water, and required a proper supervision of disinfection, etc., by the doctor in charge of the cases.

(To Be Continued.)

Editorially Speaking

Florence Nightingale

FLORENCE NIGHTINGALE was perhaps the best known and the best beloved woman of her time. For more than half a century the civilized world has rejoiced in her life—a rejoicing now turned to mourning at her death.

As a great reformer of unsanitary conditions in the English army and hospitals, she pioneered a movement which spread to all countries, and to her must be credited the modern system of military hospitals. There is no need to recount in detail the story of the Crimea, where she won a measure of fame accorded to few women—that has been immortalized in song and story. But we can dwell for a moment with profit upon that splendid example of her courage and self-sacrifice, when the British soldiers were dying from neglect, when medical attendance and supplies were being held up by red tape. In this time of dire distress, this brave woman took matters in hand, she went to the ships and to the storehouses, and with Turkish soldiers she brushed aside, and fought aside, British guards, battered down doors, and brought forth the needed stores and comforts. Then she prepared the beds, and at the muzzles of Turkish muskets, compelled British surgeons to stay by and care for their suffering countrymen.

She worked not only in courage and self-sacrifice, but also with rare skill and intelligence and with insight into the practical needs of the army. The results of her investigations were largely the cause of India's health reform and di-

rectly the cause of the English army's health reform.

It is perhaps not generally known that until very recent years, when failing health prevented, she had been one of the active advisers of the British War Office in all matters pertaining to military hospitals. During our own war between the States, and in the Franco-Prussian War, her advice was eagerly sought and freely given.

It is also not too well known that with a fund of \$250,000 popularly subscribed in grateful recognition of her services, she founded a training school for nurses, and that the Red Cross movement, as we know it to-day, is largely due to her.

It is pleasant to recall in the hour of her death that the honors so nobly won were paid to her while living, and that she was spared so many years to wear and enjoy them. So long as self-sacrifice and devotion to humanity are revered the memory of Florence Nightingale will be cherished and will furnish an inspiration for all those who minister to the sick and afflicted.

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Intellectual Laziness

IN one of his matchless essays Osler says that "The killing vice of the young doctor is intellectual laziness. He may have worked hard at college, but the years of probation have been his ruin. Without special subjects on which to work, he gets the newspaper or novel habit and fritters away his energy on useless literature. There is no greater test of a man's strength than to make

him 'mark time' in the 'stand and wait years.' Habits of systematic reading are rare, and in five or ten years from his license, as practice begins to grow, we may find the young doctor knowing less than he did when he started, and without any fixed educational purpose in life."

What is true of the young graduate in medicine is true of the young nurse. The nurses are comparatively few, outside of those actually engaged in teaching, who seem to have formed systematic habits of study. The years pass without any definite plan for acquiring new knowledge. Of the many new and wonderfully interesting developments along medical and surgical lines many nurses with good intellectual abilities are blissfully ignorant. They are not interested, either, or, at least, not well informed, regarding significant current events. The facts are after graduation they slipped into a rut which has deepened with the passing years. Their horizon is bounded by the four walls of the patient's room; their ideals might be summed up for the most part in, as one nurse aptly termed it, "Keeping up the nurse's prices and getting a good long holiday every Summer if possible." This is by no means a sweeping criticism of all nurses. It is a plain statement of facts regarding a great many.

They are too little interested in nursing, too well satisfied with their own attainments, to feel that they could learn anything from contemporary nursing literature. Good, practical workers many of these are. Years of experience have taught them much, but that they owe anything to the nurses who come after, that they have any responsibility for letting others have the benefit of their experience—well, the idea never seems to occur to them.

Now and again we hear of the nurses connected with some special registry arranging to take up some special study each season, buying books and studying together, according to some certain plan, but the custom is far from being general. A few nurses in every centre or home could do wonders in stimulating their comrades to set their brain to work along some certain line. Many graduates of general hospitals have had little experience and practically no theoretical work along the line of nervous or mental diseases. It would be well worth while this coming Fall and Winter to select one of these special lines and delve into it with a determination to understand more of the widely varied forms of those diseases and their management.

Others are weak along the line of children's diseases; others "confess and bewail" their lack of definite knowledge along the lines of dietetics, or physical therapeutics. Why not decide to get out of the rut, to be no longer guilty of the "killing vice" of intellectual laziness, and this very month make out a programme for study for the coming season?

Also, at the same time, why not resolve not to be a "sponge"—taking in what others give out, but feeling no responsibility to tell others either of your successes, failures or problems? Our "letter box" column is available for the spread of nursing knowledge of a practical nature or for the expression of opinion on nursing matters. If you do not care to write an article, write a letter. If you have had a specially difficult case, tell us about it. If you have problems along any line which is likely to be of general interest, take time to state your problems in a letter. Names will not be published without the writers' permission. Begin now to get out of the rut.

A Suggestion in Medical Education

ONE of the newer ideas in medical education, and, indeed, one of the sanest, has been advanced by Dr. Denny, of Brookline, Mass., in the *Boston Medical and Surgical Journal*. He urges the requiring of all medical students to spend a few months, previous to graduation, in actual nursing in the male wards of hospitals. He would have this term of practice to include both day and night duty; would have them on duty, not as "observers," but would place them under the strictest discipline in the wards, making them responsible for giving every nursing treatment necessary and for the general care and comfort of the patients. He would have them taught, just as are probationers, regarding the administration of drugs and remedies of various kinds; baths for cleanliness, comfort or remedial purposes, enemata—every kind of nursing treatment, including bedmaking, etc. He thinks the would-be physician would in this way secure a knowledge of disease and of patients which he would get in no other way—a knowledge such as no laboratory or lecture or text book can furnish.

There is no doubt that humanity would be immensely benefited if the medical students of the future were required to gain experience in the actual daily care of the sick. The average doctor thinks he knows all there is to be known about nursing. It looks so easy and simple when a nurse who has been drilled for months and years goes about her daily tasks. Just as the average man thinks he knows all about housekeeping—thinks it is a very simple kind of work—till he starts to do it.

Now and again one meets a doctor who will own up that he couldn't change

the bed clothing properly, and certainly the young medical graduate is apt to make a tremendous fuss and a fizzle when he attempts some duty which he has seen the nurses perform with perfect ease. One doctor whom we knew argued that it was impossible to change the undersheet of a bed without getting one patient out of bed. But the medical graduate, however much he might consider desirable the knowledge of how to make the sick comfortable, would not stoop to learn *nursing*. As a medical *student* he might be required to do so. As a medical *graduate* he would think it beneath him. Even the interne in his year or more of hospital experience, seeing nursing arts going on all around him every day, actually learns little about them, for the art of nursing is not learned by observation, but by actual doing of the duties—clumsily, at first, but better and better as the weeks and months pass. There is no doubt that in three months were actually required to be spent in the wards, hour after hour, with the patients, the medical student would carry out from those wards more practical working knowledge than he would get in a year's classroom work. Much of the teaching along medical lines seems to take for granted that the doctor is going to have a trained nurse at his elbow on every case—though every one knows that in nine cases out of ten or more he will have to get along as best he can with people who could not give an enema, a bath, a douche, take a temperature or prepare and apply a fomentation properly, to say nothing of the all the more careful nursing treatments needed in cases of serious illness to tide over a crisis. Let us hope that Dr. Denny's suggestion will receive serious consideration.

A Private Hospital or Not

A NURSE who has had considerable experience in private nursing and hospital work is considering the advisability of opening a private hospital and writes for advice. In case we advise against it, she wants suggestions as to other lines of work which a woman with a small amount of capital and her experience can undertake which will provide a living and help her to secure a home of her own.

This is an exceedingly important subject to thousands of nurses. Scarcely a week passes in which we do not hear from or meet nurses who, having nursed for fifteen or twenty years, would gladly make a change to some less strenuous occupation. "What do other nurses do, when they give up nursing, providing they do not marry?" they ask.

Now, these are questions on which nurses themselves are more competent to speak and give advice than any one else. How can a nurse who has saved from \$1,500 upward to twice that amount best invest it and her strength and experience so as to make provision for an independent future? We would be glad to hear from fifty or more nurses on this subject. Be one of the fifty and write your opinion promptly. Do it now..

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The Lure of the Uncommon and Far Away

THIS is the subject of a popular lecture which has been recently delivered in several colleges. The message it carries is quite as much needed by nurses, for the tendency for some time has been to evade (at conventions especially) discussion of the weak points in present

nursing conditions and to spend time on questions which have but a remote bearing on nurses and nursing.

"In the dim and shadowy past," said the lecturer, "up to the shining present, there has been a great lure for mankind in the uncommon and far away. Men were able to calculate eclipses before they could lay out good roads. They studied the unusual being instead of the child. Science studied the mysterious and neglected to study agriculture." This mistake has been made, as every one knows, in the matter of nursing education as in other lines of education.

The lecturer emphasized the present and the practical, the solution of the small problems at our own doors before undertaking greater problems which were farther away and for which we were only remotely responsible.

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Infantile Paralysis

FEW nurses have had instruction in the nursing of infantile paralysis in their hospital training, so our readers are to be congratulated on our procuring the article in this issue, "Nursing in Infantile Paralysis," by such an authority as Dr. Le Grand Kerr, of Brooklyn, N. Y.

Dr. Kerr has had every opportunity of observing this disease and treating it, for he is Visiting Physician to the Children's Wards of the Methodist Episcopal, the Bushwick, the Williamsburg and the Swedish Hospitals, Consulting Physician to the Industrial Home for Children and the East New York Hospital. He treated some sixty-five cases in the epidemic of 1909.

The Hospital Review

Baby Tents as Summer Hospitals.

The Department of Health, Chicago, one of the most efficient in this country, has been conducting a widespread campaign to save the babies this past Summer. Doctors, nurses, health officers, interpreters and associated workers to the number of about 500 have been actively engaged in the hand-to-hand fight with the enemies of the babies—dirt, overcrowding, bad milk, bad care, etc.

Eleven baby tent hospitals have been established in congested areas, and are regarded by the leaders as "the most important features of the campaign."

The equipment of the tents consists of a hospital tent about 12 by 16 feet, with a double roof, board floor and sides, and screen sides above the chair rail. Each contains eight iron beds, a hammock, electric lights, two electric fans and a telephone. There is also a receiving tent, about the same size, for examining, bathing and temporary care of the baby. Milk commission milk has been used almost exclusively, as a milk depot was maintained at each hospital. The tents are opened about July 1 and closed about September 15. The tents are kept open nights and Sundays only in extreme emergency of either very sick patients or severely hot weather, to prevent the usual "blue Monday," for it was noted Monday was the worst day of the week. A visiting nurse is in charge of each tent, with one or two assistants. When the work justifies, an interne spends all day at the tent. Every day some physician visits the tent. The arrangements are such that each physician visits a tent twice a week. Only patients under about two years of age are received, as those older could not be kept in the beds. Only babies of the poor are taken. When it can be determined through the visiting nurse of the district that the parents are able to pay they are referred to their family physician. A large proportion of these little sufferers are brought in or sent in by the district visiting nurse. When patients fail to return they are investigated by the visiting nurse.

Why Hospitals Should Be Built in the Country.*

R. W. CORWIN, M. D., PUEBLO, COLORADO.

To patients who value their lives, to cities which care to observe economy, to doctors who are conscientious, to all doctors, I might say, the objections advanced are: They are inconvenient for doctors; they are inconvenient for medical colleges; they are inconvenient for families and friends to visit; they are expensive on account of transportation; they are dangerous on account of transportation.

The advantages are better air; better light; better food; better water; more rooms; less noise; quicker recovery; less expense; greater advantages to patient, family and State. Emergency hospitals must continue to be part of a city. This needs no discussion. Let us review the objections.

Certainly no one would claim that the doctors' or students' inconvenience should be considered a valid objection if a patient's sufferings thereby were prolonged or increased.

Every doctor dreads visitors, the effect upon the patient is nearly always bad; in fact, it would be a blessing if family and friends were not near the hospital.

Expense of transportation would be more than balanced by shortening the time of the patient in the hospital, due to country environment.

The danger of transporting a patient out of a city is no greater than transporting him into a city. The latter is common and not feared. Why dread the former?

If not in condition to travel, place him in the emergency hospital until able to stand the journey.

Commenting upon the advantages, who will say that country air is not superior to city air? Who will not say that patients stand better chance of life and improve more rapidly in bright sunlight and clear atmosphere than in sunless, smoky, closely packed and

*Read before convention of Railroad Surgeons.

noisy cities, where oxygen is many times breathed, and to get any at all one must seek a roof garden surrounded by a wire fence, flanked by brick walls and chimneys, with clotheslines, flying shirts and skirts for landscape?

In the country land is inexpensive and crowding of patients inexcusable. Here patients may be kept out of doors; fresh farm foods are obtainable, milk, butter and vegetables, and, not least of all, Nature is always present and ready to assist the doctor and nurse in restoring health. The flowers, the grass, the woods, the birds, are God's remedies not to be overlooked.

Under equal conditions the sick are not only surer of recovery, but recover more rapidly. This is of no small item to the patient. It not only saves him suffering, but is important in giving him an opportunity of getting back to work sooner, of earning more for his family, and of being of greater value to his country.

Is there an excuse one can mention that prevents us from lifting our voice against the city hospital?

It is not only better for the patient, but better for the doctor, to live in the country. He will think quicker, clearer, and live longer. Some one says: "Patients will not go to the country." Nonsense! They go to the Adirondacks, to Rochester (Minn.), to Arizona, to California, to Europe, to Egypt. Of course, patients will go to the country; gladly go when told of its advantages. The rich already go; the poor will be pleased to follow when they understand.

Why do we not build all hospitals except emergency hospitals in the country instead of the city? The answer is, because our city fathers are ignorant of facts; doctors are unconsciously selfish, and patients have not been educated.

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Morton Hospital.

In the annual volume of the Morton Hospital, Taunton, Mass., there appears this beautiful tribute to the late Miss Ella Sears, who was for nineteen years superintendent of the hospital and who left the scene of her earthly labors October 2, 1909:

"Miss Sears was a woman of remarkable executive ability, combined with rare judg-

ment, unwavering faithfulness, ceaseless thoroughness, economic shrewdness, orderliness and neatness in the extreme.

"She showed great tact, but an undaunted will; wondrous courtesy, but exhaustless patience; extreme delicacy of personality, yet an insurmountable boldness in action; self-forgetfulness, yet constant thoughtfulness for others; an abiding faith and an unfaltering trust.

"Like one that wraps the drapery of his couch

About him and lies down to pleasant dreams.'

"Miss Sears was ideally optimistic; if there were 'shadows in the valleys,' she was equally sure there was 'sunshine on the hills;' true as steel, with never a thought of divulging that committed to her; honest to the innermost fibre, nearly a score of years superintendent, yet there never came to the trustees the shadow of a question of distrust.

"Miss Sears won and continued to hold the regard of all.

"None knew her but to love her."

"This institution has lost a wise ruler; trustees and staff a loyal friend; nurses and employes an unfailing support; patients and friends an inspiring voice; church, city and village home a bold, courageous, yet a none-intrusive life for the right."

Two Ella Sears Memorials have been proposed. One is, pay the debt which troubled her, and the other, erect the wing which she longed for and which the hospital greatly needs.

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Paterson General Hospital.

Within the past year the Paterson General Hospital, N. J., has received a notable gift, amounting to forty thousand dollars, to be used in the erection of a nurses' home. The donor is Mr. Peter Quackenbush, a member of the Board of Managers, who thus perpetuates the memory of his wife, Sarah Amelia Quackenbush. The gift is made conditional on the creation of an endowment fund of not less than eight thousand dollars, the income of which is to be used for the maintenance and repair of the building. The plans provide for a building with three stories and basement, with a solarium on the roof. It is Colonial in style, of tapestry brick with

limestone trimmings and portico. Every detail that would make for the comfort of the nurses seems to have been planned for. The installation of an ice plant has resulted in a substantial saving, besides providing for the better care of meat and perishable foods, the cooling of the mortuary box, and meeting all the needs for ice throughout the institution. Another important saving has been effected

Brockton Hospital.

Some one has said that the modern hospital is partly outside and partly enclosed by walls. To have this thought emphasized one needs to visit New England hospitals in the Spring, Summer and early Fall. He will find a large proportion of the patients out of doors. This has necessitated a large amount of planning in order to have the patients made comfort-



GRADUATING CLASS, 1910, KANE SUMMIT HOSPITAL, KANE, PA.

through a new plan for the distribution of surgical gauze. Believing that the consumption of gauze was unusually large, an investigation was made and change in methods inaugurated. A reduction of fifty per cent in the amount of gauze used has been made.

The daily average of patients was 100.7, the number treated during the year, 2,009, and the cost per day per patient, \$1.64.

able while getting the benefit of the open-air treatment. Among the improvements made at the Brockton Hospital, Mass., has been the erection of two piazzas, which were made possible through the generosity of Mr. D. W. Field. A gift of a "service building," from the same gentleman, has been gratefully accepted. There is urgent need of an emergency room in the centre of the city and of increased accommodations.

Notes and News.

At Buffalo General Hospital there has been established one of the finest pathological laboratories in this country. It is the gift of Chas. W. Pardee, president of the board, and is called the Pardee Laboratory. It occupies a series of eight rooms and is under the general direction of Dr. B. T. Simpson.

A \$50,000 addition is being made to the Northern Pacific Beneficial Hospital at Tacoma, Wash.

The Elizabeth Steel Magee Hospital at Pittsburg has acquired additional property and buildings to cost \$250,000 are to be erected. It is intended to make the Elizabeth Steel Magee Memorial Hospital unique in the beauty of its grounds and the quietness and peace which will be provided for patients.

The providing of extensive grounds and the breathing space which so many hospitals lack has been the first thought of the directors. The hospital will have what every other hospital in Pittsburg lacks—a beautiful park where convalescents can spend the day on beautiful stretches of lawn under great spreading trees, flanked by shrubbery.

Dr. E. E. Langley has established the Harrington Hospital at Harrington, Wash.

Through the generosity of Mr. A. G. Hamilton, the citizens of North Sydney, Nova Scotia, have the benefits of a hospital. It is called the Hamilton Memorial Hospital and is conducted by the Sisters of Charity.

The American Steel and Wire Company is erecting a hospital on its own ground for the care of injured employees.

Rochester, N. Y., is to have a children's hospital. Plans have been drawn for a building 55x75 feet.

A \$30,000 addition is to be made to the General and Marine Hospital at Owen Sound, Ont.

At the General Memorial Hospital, New York, 1,139 patients were treated last year. The receipts amounted to \$56,445.02. Of this amount there was paid to special nurses \$8,444.73.

St. John's Hospital, Lowell, Mass., has completed its forty-second year of work, during which it cared for 883 patients in the wards and rooms. Many improvements have been made, a pathological department has been established. Additional accommodation is greatly needed.

Dr. L. W. Luscher has been appointed superintendent of the City Hospital, Kansas City, Mo.

The new hospital at Waterbury, Conn., to replace the old building, is going forward rapidly.

Mrs. Whitelaw Reid will erect two additional buildings for the Red Cross Guild Hospital of San Mateo, Cal.

A modified milk station has been opened in connection with the dispensary of Mt. Sinai Hospital, N. Y., to be maintained throughout the year as a part of the general plan for the better care of babies.

Misses Marshall and Cook have opened a hospital at Orangeburg, S. C. The building formerly a large dwelling, is beautifully situated and well equipped.

Training schools are to be opened in connection with the State hospitals at Rock Springs and Sheridan, Wyoming. A two-year course will be established, and pupil nurses will receive \$10 a month, uniforms and living expenses.

The new addition to Harper Hospital, Detroit, has been decided on, and work will begin at once. Two hundred thousand dollars is to be expended in improvements.

In the Training School

CONDUCTED BY CHARLOTTE A. AIKENS.

The Education of Nurses

MARY E. GLADWIN.

In spite of all that has been said and written on the subject of the education of nurses we seem not much nearer the end of our difficulties and differences. Perhaps our greatest hope lies in the fact that we realize, as never before, how great our difficulties are and how much work lies before us. The tendency in present-day methods was very well expressed at a New York meeting last winter. In discussing a paper on the teaching of anatomy and physiology, a prominent educator, whose least word always carries weight, said, with much emphasis, that a pupil nurse's study of the subjects under discussion should always begin with a thorough study and use of the microscope. At the same meeting one of the New York board of examiners voiced a criticism often heard outside our ranks but seldom within them. She said that the results of the examinations seemed to show a tendency to dwell too much on what are sometimes known as "fancy stunts in nursing," to the neglect of a consideration of the comfort of the patient.

It is hard to find a happy mean with the knowledge that the high school regulation shuts out many desirable women and the added knowledge of how patients sometimes complain bitterly of the intellectual barrenness of the nurse upon whose companionship they are dependent during a long and tedious convalescence. The hospital of to-day makes ever greater calls upon the nurse's intelligence and fertility of recourse, hospital appliances have become more and more costly and delicate, requiring much trained ability for their successful use. For her own sake, that she may have a sure source of inspiration and comfort to keep her sane and wholesome during the long days of hard labor and discouragement which are bound to come to

her in her work, we long to give every nurse a sound, general education. Nevertheless, the time has come when we are driven to a thoughtful consideration of how much time we can spare from the bedside study and practice of nursing for class and lecture work. Personally, I should feel cut off from a great source of interest and help in my work if I had no knowledge of chemistry and bacteriology, and yet I grow more and more doubtful of the utility of the hours pupil nurses spend in pursuit of these and kindred subjects.

Primarily, nurses are trained to care for sick bodies and sick minds. Training schools were founded and have grown with that object in view and that alone. The two or three years of hospital work and teaching have for their sole object the fitting of young women for the care of the sick. The purpose of these years is not to train superintendents, executive officers, social welfare workers, teachers or any of the other workers to whom avenues of usefulness are continually opening, but just nurses, plain every-day nurses to do nursing. That being understood, the rest ought to be much easier than it has proved to be. We all agree that we want women of refinement, ability and the best possible education. The only question is as to what shall constitute their training after they are once within the hospital walls.

A Boston surgeon, lecturing to a class of nurses, surprised them by saying that if he had to choose he would prefer a nurse who knew a few ways of dressing hair to one well grounded in anatomy and physiology. Experience has taught many of us that a knowledge of how to read aloud well and an acquaintance with current novels and current events has contributed much more to the suc-

cess of a nurse than much study of bacteriology. Osler quotes from Froude: "The knowledge which a man can use is the only real knowledge, the only knowledge which has life and growth in it. The rest hangs like dust above the brain or dries like rain drops off the stones."

You may condemn my view of the matter as narrow and utilitarian, savoring of the spirit of modern industrialism, but I believe that our education is often in the wrong direction and that we sometimes pay too dearly for it. If the nurse comes to any study utterly weary in body and mind, if she must forfeit rest and recreation in its pursuit, if her patients must lack systematic and intelligent care, then the cost is too great. After all, nursing the sick isn't learned in the classroom, and the majority of nurses see very little relation between what they there hear and the actual ward work. We learn nursing at the bedside of the patient in his actual care under constant and careful supervision. When, with minds full of the crowded duties of the day, superintendents and teachers forget that the immediate care of the sick is not the primary object of a school, nursing is not well learned. It isn't learned in the mad rush of many of our modern wards, with no ward teaching except that of a head nurse too hurried to give more than a breathless order. The ward teaching sometimes reminds us of the practical methods in vogue in Dickens's Dotheboys' Hall.

A practical, able, overworked superintendent of nurses, showing a visitor through the wards, stopped to explain various appliances on a little tray planned to make the taking of temperatures eminently safe and scientific. During the explanation the visitor's eyes followed the movements of a nurse taking temperatures on the other side of the wards and saw her violate every one of the rules the little tray was meant to make easy and practicable for her.

Nursing is not well learned when a probationary period, during which the ward work, for the most part taught by a fellow pupil of little more experience, is followed by a junior year, which is one mad rush of things once shown, facts imperfectly digested, and a vain seeking for the reasons of much doing, and is finally crowned by a senior year of re-

sponsibility, for which she receives no special training and for which she is unfitted.

If we are honest, we must confess that the patient as a human being plays very little part in the thought of the nurse in training. His comfort is not the centre of her many activities. Just to the extent that her work is done *per se* and not with the patient in mind, is it done unintelligently, and it is the source of more than half the friction between patients and nurses and between doctors and nurses. We can hardly wonder at results when we study existing conditions. There are seldom enough nurses to do all the work required. The strain upon the head of many a school in trying to divide an inadequate force so as to cover deficiencies is tremendous. The working time of the pupil is so divided by class, demonstration, lectures, examinations, hours off, that she hardly knows what it is to have individual patients. An intelligent study of the patient and his needs is not possible to her.

Jane Addams's article of a year or two ago on the point of view of the patient in the hospital conveyed much truth and deserved much more study and thought than it seemed to receive. Is there any head of a school who has not heard a patient say: "I try not to ask for anything, the nurses are so busy"? There are so many things to be borne in mind. The spreads must be tight and tidy before the superintendent of nurses comes; the shades must reach the line approved by the superintendent; the chart must be in order for the visiting doctor; the linen folded before the head nurse comes back from her hours off.

A doctor coming out of a ward said to me: "What is the matter with that woman? Can't she see that the wind blows directly on Mrs. Cole, operated upon this morning, and that Mrs. Irwin is trying vainly to get away from the sun shining directly in her face?" The trouble with the nurse was that she was worn out. She was trying with aching feet and tired brain to do two women's work and was fast losing that keen, vivid interest and joy in her work with which she started, and the added pity is that all her future work will suffer from this lack of cultivation of her perceptive powers. Her ambition to cover all the ground possible is often the undoing of the nurse, and later means much suffering to herself and much lack of comfort to her patients. Her

first year of private duty is often a time of great chagrin, which gives some inkling of all that she has missed.

The teaching the pupils need, and the teaching the patients and wards show that they need, is bedside teaching—not one showing how to do a thing, but constant, daily instruction and oversight, with time to cultivate that spirit which Christ showed when he washed the feet of the disciples.

All of which brings us very naturally to a consideration of the teachers of nurses. With the growth of the school of to-day, and the increased work and responsibility, that close personal contact of the head of the school with the pupil, that personal contact which made so valuable the work of earlier days, has been largely lost. It sometimes happens that the head of the school is almost a stranger in the wards. We are only just beginning to realize that the admirable qualities which make a woman a good executive head of a department or institution do not, of necessity, make her a good teacher; and, that teachers of nurses need as careful a training in teaching as the teachers of children. Every large hospital receives yearly applications for nurses for executive positions. The best available graduate is sent, and, thus it happens that scores of young women go out every year to do such work, in spite of the fact that they may never have held a single recitation or received the slightest instruction in the methods of so doing. In addition to which, they often have not the faintest conception as to how to buy hospital supplies or how to keep hospital accounts. For this lack of preparation the nurse pays in worry, anxiety and needless mistakes, while the loss to the institution and to those under her it is impossible to estimate.

It is a great economic waste that all our large schools and even our schools of moderate size are not doing post-graduate work. The demand for it grows every day. An ever-increasing number of nurses is seeking additional training. Nurses from small hospitals in small towns who desire to broaden their outlook by contact with nurses from other schools and by a glimpse of life in cities; nurses who

have done private work for a long time and now desire to brush up generally; nurses desiring new surgical methods; nurses seeking executive positions; nurses who desire to fit themselves for visiting nursing or social welfare work. For whatever reason they enter a post-graduate school, their fate is similar—they are put together, the round pegs getting into square holes, to learn in the old way largely by observation and doing, but they are seldom or never classified and they receive nothing like systematic, definite, daily instruction by a trained teacher in that specialty which they desire and have often made considerable sacrifice to obtain. A special hospital built for special needs, confronted by the necessity of caring for its sick, gives her many valuable lessons, but it is impossible to classify such students or to give them what they seek. In a large general hospital, or even in one of moderate size, the material is ready, waiting, and the work can be done greatly to the advantage of the hospital. The one thing lacking is usually the teacher. The old difficulty crops up constantly, the tendency being to place the nurse in a department to pick up haphazard what she can—an extremely wasteful process. With the work outlined, systematized, and in the hands of a practical teacher, with time to devote to it, the gain to everybody concerned would be very great.

Small hospitals, neighbors in thickly settled districts, could gain very much by having a supervising teacher in common, who should spend her time in going from hospital to hospital, and in having regular meetings of all the teaching head nurses or supervisors.

We need not only regular teachers' meetings like those of our public schools, but we need something like the yearly institute of the public schools, which calls together all the teachers of a county for a comparison of methods and work. Think of the glorious work and opportunity for our nursing organizations when they once realize that general meetings are wasteful in the extreme and that sectional work, so arranged that each nurse may find help in her own specialty, is the ideal way.

Book Reviews

The coming book, "*Hospital Management: A Handbook for Hospital Workers*," on which, for two years, Miss Charlotte Aikens has been working, is now in press and will be issued this fall. Miss Aikens has planned and edited the volume, to which about fifteen of the prominent hospital workers of this country and Canada have contributed chapters. The volume will be of convenient size, well illustrated and thoroughly practical from cover to cover. It is sure to find a cordial welcome when it issues from the press.

Preventable Diseases. By Dr. Wood Hutchinson. For sale by Lakeside Publishing Company. Price, \$1.50, post paid. Nurses who read the popular magazines need no introduction to the writer of this volume. Dr. Woods Hutchinson has done much in recent years to popularize the study of preventive diseases on the part of the laity by his breezy and vigorous articles on medical subjects.

In this volume there is a vast fund of information and practical health suggestions written in a style that is readable, interesting, almost fascinating. Some of the subjects treated are: "The Body Republic and its Defense"; The Physiognomy of Disease: What a Doctor can tell from Appearances"; "The Natural History of Typhoid Fever"; "Adenoids, or Mouth Breathing: Its Cause and its Consequences"; "Tuberculosis, a Scotch Snake"; "The Herods of our Day: Scarlet Fever, Measles, and Whooping Cough"; "The Great Scourge: i. e., Pneumonia and its Cure"; "Colds and How to Catch Them"; "Treason in the Body: The New Theory of Cancer"; "Nerves and Nervousness"; "Appendicitis: Nature's Remnant Sale"; "Malaria: The Greatest Foe of the Pioneer"; "Rheumatism: What It Is and Particularly

What It Isn't"; "Headache: The Most Useful Pain in the World"; "Diphtheria, The Modern Moloch: Offering up a Guinea Pig for the Life of a Child"; "Mental Influence in Disease; or, How Does the Mind Affect the Body?"

As a volume of required reading for a class of probationers, there could be no better. As a book to be picked up when off cases, to freshen up one's knowledge, it is so far as it goes, unexcelled. Nurses, doctors and patients might profitably own and read this volume.

Practice of Osteopathy, its practical application to the various diseases of the human body, by Charles H. Murray, A.B., B.D., D.O. Illustrated with 108 half-tone engravings. Price \$2.50. For sale by the Lakeside Publishing Company.

It is difficult to review with fairness a work on a subject on which one is skeptical.

While we believe in the value of deep massage in many cases, we do not believe that osteopathy will be of much help in many of the diseases mentioned in this work as curable by it.

However, our personal bias aside, if you are an osteopath, or if you want to become posted on osteopathy, here is a good book for you to read.

It is printed in large, readable type, and, as above mentioned, has 108 half-tone engravings, and the work will certainly give you a clear insight into osteopathy as it is presented to the public to-day. Probably no serious and well intentioned book has yet appeared from which an equally serious and well intentioned student could not derive much value, and we feel sure this is the case with this work. At any rate, it will certainly be a useful book for the osteopathic disciple.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

Private Nursing in Rome.

To the Editor of The Trained Nurse:

You asked me long since to write something about private nursing for the American Graduate in Rome. It can be summed up in a few words and the following advice might cover the whole outlook: That I heartily discourage any nurse from the idea of finding enough to do to keep her. This may seem a strange statement to make, but the trained nurse is an unknown quantity in the Italian home, the home that corresponds to the American home, and it is even of rarest occurrence that a nun is called in to minister to the needs of a sick member of the family, even among the well to do classes, the idea being that discredit would fall on the rest if a stranger were called in to perform what to them are simple duties. Perhaps, this is only another evidence of the love of family which exists to such a strong degree in Italy.

Among the foreign colonies in Rome, or among the traveling tourists, a nurse might occasionally be called to a case, but this work is very casual and uncertain, and usually restricted to the three Spring months, February, March and April, which to persons not thoroughly acclimated is a treacherous time of the year and colds often turn to pneumonia. I have spoken with several nurses who have had the courage to try their fortune in this city and from not any one has there come an enthusiastic reply; a hard fight for most if not for all, and after a certain venture they are glad to return home, sadder and wiser. It meant living in Rome at great expense while waiting after paying the customary round of calls on the physicians. And it is not here as at home, where a nurse settling in a strange place waits, yes, for her first call, and perhaps long enough to get blue and discouraged, but after it comes may consider herself practically

launched if she does herself credit. Here a nurse receives her first call and in it she enjoys the satisfaction of the unusual, for if she is ever lucky enough to receive another it is probably after a lapse of weeks.

Two foreign nursing bodies exist in Rome that monopolize between them what nursing there is to do. The first is the "Anglo-American Home," a small sized and well equipped hospital situated on the outskirts of the city, and the other is a large Roman Catholic Convent of an English order of sisters. "The Little Company of Mary," who have accommodation for a large number of patients. They send out sisters in answer to outside calls, and as their fee is quite a nominal one, they are much in demand. The "Anglo-American Home" also has a competent staff of nurses, all English, sufficient in number to attend to the patients and to answer calls. Both these institutions are largely patronized by the foreign physicians. It is easily seen how a nurse steering her career alone, if she gets any work to do, it consists only of the overflow the two institutions cannot take care of, and this overflow occurs during the season above mentioned.

The "Anglo-American Home" is supported by both English and American contributions and donations, and is intended for those English and American residents or visitors in Rome, who, falling sick, wish to be cared for in a hospital. The staff of nurses, however, whether by accident or intention, are all English. Rumor has it that the directress of the home was heard to observe that they had no need for American nurses there, but gossip holds sway at times in the Eternal City.

This report covers the present and past situation as regards private nursing in Rome. That the future may hold more scope for it is possible now that a training school for nurses has

been started, with a small beginning in connection with a part of the Polyclinic.

PHYLLIS S. WOOD.

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In Reply to Miss Barclay.

To the Editor of The Trained Nurse:

In the August number of your magazine Miss Anna W. Barclay sees fit to take me to task about some things I did *not* say in my recent article on "S. D. A. Nurses." She makes me seem to carry the idea that the nurses under consideration act independently of the physician who gives them employment. I have since reread my article in some alarm lest I really did convey that impression in my remarks, but was speedily reassured, for nothing of the kind appears in the article. In fact, I could not go nearly so far as my critic went when she said: "From the beginning of nursing, nurses have had to give treatment under a physician's order which they, perhaps, did not approve." I could not go quite so far as that, for it is generally understood that the doctor knew about as much about the case as the nurse.

What I desire to convey by my remarks is that there are occasions and circumstances innumerable where the trustworthy nurse is given her own way to treat (not medicate) the case largely at her pleasure and in her own way. There are many times and occasions where emergencies arise and something must be done immediately. I have never heard of a physician criticising a nurse for such use of the measures mentioned when used to meet an emergency suddenly arising in his absence. Then there are times that the nurse is sent to the country alone to carry along a case of fever or some chronic disease. I myself have had such experience more than once and was given instruction by the doctors that sent me to see what could be done by our methods. S. D. A. nurses are constantly filling such calls, and it is up to them to be able to meet this demand.

Nurses, any nurse, should so hold the confidence of her employing physician that she will be given her way largely in the care of ordinary cases. When a doctor gives minute orders and instruction in the care of common cases, he does it because he does not have explicit confidence in the nurse's ability to do

her part of the work without such orders. Of course, when the nurse is strange to the doctor, this may not hold true. But I have found in my few years' experience that most doctors exercise the, at least, usual intelligence of mankind in reading the character and ability of his helper. A doctor does not, as a rule, care to be a tyrant over his nurses and dictate just when and how she does the myriad little services she may do for her patient. It is in these things the up-to-date nurse may make use of the methods mentioned in the article Miss Barclay laid under criticism.

One thing more, Madame Editor: S. D. A. nurses, in common with all others, recognize that when working for a physician the responsibility from a moral standpoint does not extend to what the physician may do or not do. When a drug is ordered, the responsibility is the doctor's, not the nurse's. And when the doctor learns that you can make use of rational measures, he does not use his prescription blank nearly so often, and, I may be permitted to say, the patient as well as the nurse is the gainer.

Not to make unfavorable comparison nor to criticise others was the article written, but to encourage advancement in the profession—an advancement that is more than such in professional mannerisms or financial gains, but that we may advance in real usefulness was the article written. Very kindly,

JAMES D. MONTGOMERY.

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Chanute, Kansas.

To the Editor of The Trained Nurse:

A little more than a year ago I wrote a letter concerning the nurses' problem as to locating, and unwittingly asked for personal correspondence. I received numberless letters, so many it was impossible to answer them all.

One nurse from the far East came and helped me in my little hospital for a few months and has been very busy doing private duty ever since. We are needing more private nurses now. The interest in *trained* nursing is rapidly growing, so also is our hospital work. Our work of the last year has been double that of the year before. We are needing more nurses in the hospital, and can scarcely ever find an idle nurse when we



BENGER'S

A food of great
Nutritive Value

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want one. I am sure a few more nurses might do well in Chanute. What is true of Chanute doubtless is true of many other Western towns.

If nurses looking for such a location care to write me further in regard to Chanute, I will answer a few, making selection from those I may receive. I would be glad to answer all but know that would be impossible, unless I should do so by a detailed letter in *The Trained Nurse*, and that would require more space than you have to spare.

Thanking the editor for giving me space at all, I am, sincerely,

L. ELLEN HARRISON,
Supt. "Harrison Hospital."

Chanute, Kans.

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Reply to Replies.

To the Editor of The Trained Nurse:

I know Miss Aikens has not directly advocated giving doctors control, but I claim that the logical outcome of having them on our boards will be that very thing. What other object could they have in view? Once upon a time they were just as unwilling to trust us to own and operate our directories, but their opposition is fast dying out since their fears have proved groundless.

I do not doubt for a moment that there is dissatisfaction in every State regarding its law for registering nurses. We would have been marvels indeed could we from the start, have framed laws exhaustive, final and acceptable to all concerned.

But the particular dissatisfaction it is essential we should investigate now is this which is attributed to the physicians, who object to boards composed entirely of nurses. In how many of the seventeen States having such boards did physicians take the matter up with the committees to whom the nurse bills were

assigned? What were the arguments they offered in support of their claim to representation? What were the arguments the nurses used to combat these claims and to convince the legislators it was right and proper for a nurse board to be composed of nurses, and nurses only?

If we could get at these additional "facts," they might help us all to reach sounder conclusions. For my part, I should like to have this topic find a place for discussion at all the next annual meetings of the medical societies—State, sectional and National—and have the reports of both the majority and minority published, that we might have an opportunity to consider all the pros and cons.

So far, all the reasons given in support of the doctors' claim strike me as either trivial, specious or illogical; and I am satisfied that if all the nursing in the United States were done by male nurses, never a word would we hear of doctors serving on nurse boards; and also if all our druggists were women, then there would be an outcry to have physicians on State boards of pharmacy!

Whatever jurisdiction a physician has over nurses is confined either to the individual nurse, as a private duty nurse, or to a group of nurses, those in a ward, or to some special department worker. When a nurse's connection with a case, ward, or special work, terminates, the physician's jurisdiction over her ceases. In other words, he has no right to a voice in the corporate life of nurses.

As to having hospitals represented on our boards because the status of hospital schools, is considered by them, supposing hospital authorities were to build and support medical schools for supplying their institutions with physicians and surgeons, would such logic (?) be applied acceptably to medical boards of examiners?

AN EX-EXAMINER.

Personal.

Miss Edith Willis has accepted a position as superintendent of the Epworth Hospital at South Bend, Ind.

Miss Myra M. Sutherland, superintendent of the Corning, N. Y., Hospital, has tendered her resignation.

Miss Sadie L. Jean and Mrs. Mary Sims, school nurses at Baltimore, Md., have been engaged on duty in the playgrounds of the city during the Summer.

Miss Luella McAlpine, formerly operating room nurse at Columbia Hospital, Pittsburg, Pa., has accepted the position of superintendent of Greely Hospital, Colorado.

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Massachusetts.*

MISS AYER: I was reminded of what our register says down at Providence. I ask her very often if there is very much demand for attendants in the cheap kind of nurses. She says there are always a few who take them, but she says there is always a great deal of complaint—the woman who takes care of the mother and baby and does the work, I suppose that must be what they mean by the domestic nurse. She says that there are not more than three or four women to fill that kind of a place.

DR. PALMER: May I ask if those three or four women are not pretty constantly employed?

MISS AYER: They say there are times when they are in demand. It just depends on the needs of the public, but there may be a time when there is no demand; depends simply on circumstances. And probably the district nurses do more of what the old-time nurse did. They go in and wash and dress the baby, and follow it up, so that fills a good deal of that need among the more needy classes.

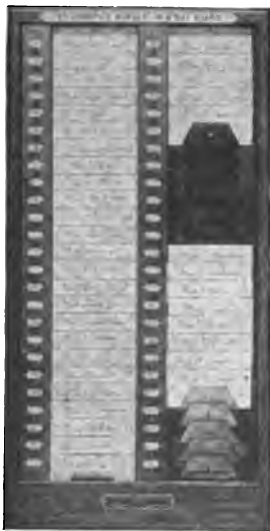
And the remark about what we were going to do to improve our training schools. I think our fundamental question is how to secure the best possible applicants. There is a very old but homely proverb that "You can't make a silk purse out of a sow's ear," and it is just as true about making nurses out of poorly educated material, or material that is under grade physically or mentally. I suppose if you talk with any one in any special line of work, whether educational, industrial or hospital, they will have the same story to tell—that they haven't enough good material to fill the positions. There never was a greater demand than there is at the present time for educated women; with the amount of preventive work,

with the amount of actual teaching, where there is a greater demand for nurses to fill that class of position—and yet there isn't enough material to fill the positions satisfactorily. And I think probably they are having to accept grades of women that are not up to their standards—they have to take them from the material which they have. And the same thing with our training schools, with our positions for nurses—it isn't altogether the fault of their opportunities. We always know we graduate a great many young women who have not lived up to the opportunities that they have had; it wasn't perhaps that they didn't want to. You have got to have some basis of good home training, got to have a fairly good mind, and educational opportunities; you can't expect to supply all these in three years. The great trouble is that there is too much expected of the training school—we don't go back far enough!

Dr. Washburn: I was interested in what Miss Ayer just said. I have been very much impressed recently with the dearth of material to fill higher positions in the training school—the lack of women with sufficient education and culture to be put in the responsible positions of the great modern hospitals. We intend to make a distinct effort at the Massachusetts General Hospital to make our course sufficiently attractive so that we will be able to get more women of education. One way which we are about to start is to increase our numbers so that we may shorten our hours. It has been the story, I think, in the past whenever we have approached college graduates and suggested to them the opportunities open to a trained nurse they have been frightened by the length of the hours of work. We hope to remedy this by shortening our hours. We intend to make our course in training more attractive in other ways.

Dr. Cook: I do want to say a word for the small hospital—one phase or two phases that

*Continuation of the report of the tenth semi-annual meeting of the New England Association for the Education of Nurses, the subject under discussion being the training school report of the Hospital Association.



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have been alluded to. There is no question but what much that has been said about the small hospital and the inadequacy of the training given is true, but I don't know that wholesale condemnation of it is true, and I believe that a small hospital can be so equipped and have such a superintendent and assistant superintendent and head night nurse and others, that it can give a good training; and I don't think that, even if it has less than twenty-five beds, with that equipment it should not be admitted, and yet there is no provision for any such in the statement. It says: "Hospitals with less than twenty-five beds unless they can affiliate." Now, that isn't absolutely true of all small hospitals; it doesn't need to be true, and therefore I wish to take exception. I am sorry to have to be a little personal in it, but I know—because we have proved it in our little hospital, because we have had four graduate nurses there as superintendent of nurses, assistant superintendent, head nurse and as night head nurse, all graduates of a large hospital where they had fine training. And Dr. Richard Cabot made a point that it should be not the number of beds, but the number of cases, and by that classification our little hospital made an excellent showing. Taking the number of patients to the nurse it made a much better showing than some of the large hospitals which were by this report allowed to handle training schools because they had a larger number of beds, but in a classification that gave the number of patients in those hospitals they didn't have as many patients per nurse as we had in our little hospital.

Then this small hospital must have its nursing done by graduate nurses. They can't afford it any more than the large hospitals; and will you show me the large hospitals that could afford to go out and hire all its nursing done by graduates? We have had occasion in the last few months to look up a superintendent, and one of those who was under consideration was one who had been superintendent of three different hospitals, and one of them was where they had all graduate nurses, and she says, "I don't want anything more to do with the general hospital with all graduate nurses; they are too independent! You can't make a graduate nurse do the things as you want them done, and you can't maintain the

same discipline!" Now, what is this small hospital going to do with those graduate nurses?

Another thing. You say send these nurses around to special hospitals. We have had a little experience in that. We had an arrangement with one of the first hospitals to take up obstetric training, to send our nurses to another hospital for obstetric training, and we have been crowded out by large hospitals that have waked up to the fact that it is necessary. We were crowded out by two large hospitals, and the hospital to which we had sent our nurses felt that they would rather have nurses from two large hospitals than from several small ones. I was told that by one of the physicians. They said, "Your nurses are first rate, they are well trained, but we have to take them from so many different hospitals that we rather have them from two large hospitals—which we can do!"

While our nurses were there they were found to be competent and well trained in the Caesarian section, and at one of the hospitals they were told that their nurses must have better training along that line before they came there. To-day we have got up where we have our twenty-five beds, so we are allowed to have a training school.

Our superintendent, who has been there twenty-five years, was opposed—didn't believe in training schools—and she accepted it under protest, because it was the only way we could get our patients cared for. She is to-day a very enthusiastic advocate and believer in the small training school, and thinks it can do some things that the large training school cannot. And I think we ought to recognize the fact that both have their advantages, and I agree most heartily with the report except that statement that the hospital of less than twenty-five beds should not maintain a training school. In obstetrics—we have had thirty-four maternity cases this year, and our nurses are under the superintendent's control, and in some larger training schools they are not learning what our nurses are. And our nurses who come in contact with nurses from other hospitals come back somewhat demoralized; for instance, in the matter of bedclothes. We have had trouble lately—within the last twelve or eighteen months—and nurses come back saying, "You can't help having trouble, of

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The food is always readily available—requires no manipulation or cooking—simply **pour from package to saucer**, add cream and eat slowly. The crisp granules encourage mastication, the forerunner to perfect digestion.

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course you will have bed troubles sometimes." And sometimes when they have come back the bedclothes were a disgrace, but we are getting them back to the standard again. Our own experience is that it is a question whether you want to let your nurses go, unless you know where they are going.

And we are fortunate enough—and I speak of our own training school, because I want to stand for the idea—we are fortunate enough to have got as the next superintendent one who has had a fine experience, and our hospital will still have graduate nurses for its superintendent of nurses, its assistant superintendent and its head nurse, all from one of the largest training schools in Massachusetts. Now I believe that you are entitled to have a training school, even if you haven't twenty-five beds to begin with, and in this way you can give your nurses good training. We have four of them nursing in New York City, doing good work; we have two doing district work; we have one that has been in the infants' hospital in Boston and was offered the position of assistant superintendent there, all from that little school.

Excuse me for being so personal, but I wanted to say something for the small school.

Adjourned at 9:55.

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Connecticut.

The first meeting of the season of the Alumnae Association of the Connecticut Training School was held Thursday, September 1 at the hospital dormitory. In the absence of the President, Miss Margaret Stack, and both vice-presidents, Mrs. Burwell called the meeting to order. After the general routine a discussion of ways and means for the fair to be held this Fall, some time in November, was had. Some of the committees were appointed to start the work, and at another meeting, held Friday, September 9, at 3 p. m., all graduates in the city from all schools were invited to meet at Mrs. J. Marsh's home, No. 858 Howard avenue, to perfect the plans already started. We hope our friends out of town will be prompt in sending in their contributions of useful and fancy articles. We would be most grateful for dolls from any school dressed either as orderlies, doctors or in the uniform the nurses wear. Mrs. J. Marsh will take care of all contributions sent

to her, as she has ample room to store anything from a pin cushion to an automobile. Sixteen nurses met with Mrs. Marsh to sew rags for rugs for the rug booth on Friday, August 26, at 6 o'clock. Mrs. Marsh served a delicious supper. Mrs. Brown told fortunes, the proceeds are to be added to the delegates' fund.

Be sure and send in your order early for one of those lovely washable rugs, for the weaving of which we are indebted to Mrs. Marsh.

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New York City.

The regular monthly meeting of the Alumnae Association of the N. Y. C. T. S. was held at the Academy of Medicine, No. 17 West Forty-third street, Tuesday, September 13, at 3 p. m. There was a lecture by Dr. William L. Stowell on infant mortality, and afternoon tea was served in the banquet hall.

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New York.

At the annual meeting of the Buffalo Nurses' Association the following officers were elected: President, Mrs. Harriet D. Storch; first vice-president, Mrs. Gertrude W. Boyd; second vice-president, Miss Mary Jayne Cole; corresponding secretary, Miss Allie Lindsay; treasurer, Miss Nellie Davis; recording secretary, Mrs. Florence Lehr; City Federation secretary, Mrs. J. L. Brodie; Western Federation secretary, Miss Maud B. Cray; trustee, Mrs. Jennie Anderson; directors, Miss K. I. Kennedy, Miss Margaret Kennedy, Miss Margaret Kamerer, Mrs. A. J. Martin.

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Pennsylvania.

The Pennsylvania State Board of Examiners for Registration of Nurses is sending out the following statements for publication:

"In reviewing the work of the past year the board feels gratified at the general interest taken in the work, not only among the graduate nurses, but also physicians and the public. The number of graduates registering far exceeds the expectations of the board and registration in other States. The board is happy in the thought that the standard of the hospitals graduating nurses in this State is of a very high order of efficiency, and that the

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management of these hospitals is making every effort to establish a uniform curriculum, and training their pupils in a reasonable and practicable way.

"The board recognizes the fact that time will be necessary for a certain proportion of the training schools to come to that standard which the medical profession throughout the State requires, and the fact should be emphasized that this board is most anxious to be of assistance to those schools so that when examinations begin the entire medical and nursing professions will be satisfied with the registration law as administered by its board.

"For the good of registration in Pennsylvania each member of the board has taken a personal interest in nursing affairs in all its aspects. They have been untiring in their efforts to place the subject properly before the public. It now remains for each individual graduate, who has registered, to show to the public and medical profession that registration is a guarantee that she is obedient to the doctor's orders, that she has skill in carrying out those orders in a way that will produce the results expected by the medical attendant, and with the least possible expense and discomfort to the patient.

"The registered nurse should study in a practical way all those points taught her in her training days, regarding patience, loyalty and obedience, and practice them as a nurse under the direction of the physician. She should refrain at all times from criticising the medical management of any case. In emergencies she should consider herself a layman with some ability to keep the patient safe until proper medical attention arrives.

"It is the opinion of the board that those nurses having the best training are those that appreciate the value of registration and are most cautious in assuming responsibility, and that it is the poorly trained and ignorant nurses who very foolishly call upon their profession the odium which their actions warrant. It might be well for all registered nurses to commit to memory a quotation from an editorial in the 'Pennsylvania Medical Journal' of May, 1910, which is as follows:

"The title 'Registered Nurse' will be of value just in proportion as experience shall convince physicians that nurses that have passed the State Board are, as a rule, better

than nurses that have not passed such an examination."

On page 182 of our September number we published a picture of a group of nurses with their superintendent. By a printer's error it was stated that these nurses were from New York, whereas they were from the Cone-maugh Valley Memorial Hospital, Johnstown, Pa. The superintendent in the picture is Miss Jessie L. Greene, and in this connection it is interesting to note that Miss Greene has been connected with the hospital sixteen years, having graduated in the first class after the training school was started. She has been superintendent of the hospital and training school for ten years. The class is the twelfth class graduated from the school.

Camp Liberty Bell, Spanish-American War Nurses, entertained at luncheon Tuesday, September 20, at the headquarters, No. 922 Spruce street, Philadelphia, Pa., the visiting delegates to the convention at Atlantic City.

The regular monthly meeting of the Nurses' Alumnae Association of the Medico-Chirurgical Hospital, of Philadelphia, Pa., met at the hospital, September 7, at 3 p. m.

The attendance was fairly good, this being the first meeting after vacations. It was decided to hold a dance this Fall for the purpose of raising money for our endowed room. Much interest was manifested and we expect every member to assist the committee in charge.

After the regular business of the meeting a short social hour was enjoyed.

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Oklahoma.

The graduate nurses of the State of Oklahoma will hold their second annual convention in Muskogee, October 18 and 19. The meeting will be held in Commercial Club Auditorium. Many pleasures have been planned by the local association for the visiting nurses, and it is hoped that all who attend the meeting will receive much benefit.

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Married.

Miss Martha Waugh, of Waterbury, Conn., was married July 20 to Mr. George Fawley, of Argyle, N. Y., where Mr. and Mrs. Fawley will make their future home.

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At Providence, R. I., August 31, by the Rt. Rev. Mgr. Doran, Miss Amy Mary Bissett to John Thomas Collins. Mrs. Collins is a graduate of St. Joseph's Hospital, Yonkers, New York, class of 1900. Mr. and Mrs. Collins will reside at Newport, R. I.

Miss Mary Kennedy, of Battle Creek, Mich., was married August 17 to Mr. Rufus F. Katz, of Marshal, Mich. Mrs. Katz is a graduate of Kalamazoo Hospital Training School, class of 1905, and has been a very successful private nurse for the past five years. Mr. and Mrs. Katz will reside at Marshall.

The marriage is announced of Miss A. J. Haentsche, formerly of the Division Hospital, Manila, P. I., to Mr. P. Hube.

Miss Effie J. White, a graduate registered nurse of the Homeopathic Hospital Training School of Iowa City, Ia., has recently quit the nursing profession and taken up the duties of housekeeper. On July 12 Miss White was united in marriage to Mr. Ernest A. Opitz by the Rev. Mr. Locke at the Methodist parsonage, Tipton. Mr. and Mrs. Opitz will reside on the farm owned by Mr. Opitz, about seven miles from Tipton. Mrs. Opitz located at Tipton about seven and a half years ago and has been very successful in her chosen profession. She has many friends who join in wishing her and her husband much joy in their new life.

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Personal.

Miss Emma C. Forbes and Miss Edna Howe, graduate nurses of the New London Memorial Hospital, Conn., have been taking a trip through the Yellowstone Park. Both nurses have been graduated some years, and this trip is a well earned rest from work.

Miss Mary Louise Crosby, graduate nurse of the Shenango Valley Hospital, New Castle, Pa., succeeds Miss Bessie Bassin as superintendent of Wilson Hospital, Mayville Ky.

Miss Margaret Frances Donahoe, chief nurse of the Philadelphia Hospital, Philadelphia, Pa., has resigned her position and Miss Nellie May Rennyson, who has been Miss Donahoe's assistant for some years, has been

appointed to fill her place. The vacancy caused by Miss Rennyson's promotion will be filled by Miss Margaret Kelley, a graduate of the school. Miss Kelley was the gold medalist of her class.

The following students of the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., received their diplomas at the end of the Spring term: Hallie C. Cord, Ruth Bennett, Annie F. Tidy, Margaret Foresman, Kathrine Stevenson, Clara B. Beauford, Anna M. Gutbrod, Madge Rafferty, Amanda C. Small, A. Frank Funk, Mabel F. Gray, Nellie S. Byram.

Resolutions.

Miss Bertha Winkler, a graduate of the Lutheran Hospital Training School, St. Louis, of the class 1909, died September 3, of typhoid fever after an illness of three weeks.

Whereas, It has been the will of our Heavenly Father to take to Himself one who was greatly loved by friends and those to whom she ministered in her profession,

Resolved, That we, the members of this Association, realizing this great loss, extend our deepest sympathy to her bereaved ones,

Resolved, That a copy of these be sent to her family, to the TRAINED NURSE and to the Association.

CORDELIA RANZ,
KATE KOTTKAMP,
ADELE KIECKERS,
Committee.

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Obituary.

Died—At Innisfree, Alberta, Canada, Aug. 31, Ralph, eldest son of Mr. and Mrs. J. J. Gulley. Mr. Gulley was engaged on his farm loading his wagon with wheat, his little son, in his ninth year, was holding the horses, when he dropped one of the lines, and in reaching for it lost his balance and fell on the pole between the steeds. The horses started to run, dragging the vehicle over the abdomen of the child, causing such serious injuries that he died a few hours later in spite of all the physician and his mother (a skilful nurse) could do. Mrs. J. J. Gulley was formerly Miss M. E. Reilly, a graduate of St. Luke's Hospital, Newburg, N. Y.



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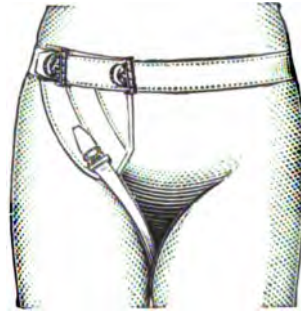
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The great bodily and mental strain to which a trained nurse is subjected, the loss of health and nerve power, through loss of sleep, irregular meals and hard work, is best met by using Horsford's Acid Phosphate. Try it and see.

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Direct exposure to the sun's rays; employment in or living in hot and poorly ventilated offices, workshops or rooms, are among the most prolific causes of headache in Summer time, as well as of heat exhaustion and sun-stroke. For the pain following sun or heat-stroke, antikamnia in doses of one or two tablets every two or three hours will produce the ease and rest necessary to complete recovery.

Even from Spain.

It is contrary to my custom to write testimonials, but the results I have obtained from the use of Resinol Ointment and Soap are so extraordinarily satisfactory, that I think it my duty to say a good word for these products.

DR. EDUARDO TOLEDO Y TOLEDO.

Madrid, Spain.

+

Ergoapiol (Smith).

The invigorating action of Ergoapiol (Smith) on the uterus and its appendages renders it of extraordinary service in cases of suppressed or scanty menstrual flow. The stimulating action of the preparation on the sexual apparatus is exceptionally marked and prompt, and its employment is invariably advantageous.

+

Prompt and Satisfactory.

Jacksonville, Ill., Jan. 10, 1910.

OGDEN & SHIMER, Middletown, N. Y.

Dear Sirs—I send again for your fine Mystic Cream. This time I am going to order two jars, as I can not find anything as satisfactory as Mystic Cream. Thanking you for sending it so promptly always, I remain,

Yours truly, Miss L. L. DEPEW, T. N.

+

After Appendectomy Operations.

Peak's Support, while not a particular new device, nevertheless, has been recently highly recommended for supporting the incision after appendectomy operations. Many hospitals have been using it on their patients very successfully for some time. It is made by the well-known Cincinnati firm, The Max Woche & Son Company.

+

A Gallstone Operation with H-M-C.

I have recently used H-M-C tablets (Abbott) for gallstones on a patient of sixty-seven years, whose condition did not warrant a general anesthetic. The use of H-M-C tablets was supported by the local use of

INSTRUCTION IN MASSAGE

THE SYSTEM YOU WILL EVENTUALLY LEARN

Swedish Movements, Medical and Orthopaedic Gymnastics

Term: 3 Months

Tuition Fee, \$75.00

Course in Electro-Therapy

Term: 2 Months

Tuition Fee, \$25.00

Course in Hydro-Therapy in all its Forms

Term: 6 Weeks

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SECOND SECTION OF FALL CLASSES OPENS NOVEMBER 17th, 1910

Winter Classes Open January 10th and March 21st, 1911

OVER 9000 TREATMENTS GIVEN IN 1909

No Better Clinical Experience Possible

All courses may be commenced at the same time and finished within three months. The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system. All pupils attend clinics at several city hospitals. Separate male and female classes. Payments can be made to suit your convenience. Particulars and illustrated booklet on Massage upon request. An early application for admission is advisable.

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University of Penna., Penna. Orthopaedic Institute).

WM. ERWIN, M.D. (Hahnemann and Rush Med. Col.)

MAX J. WALTER (Univ. of Penna., Royal Univ., Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Philadelphia General Hospital (Blockley), Mount Sinai and W. Phila. Hosp. for Women, Cooper Hosp., etc.)

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40 Years the Standard of Efficiency.

Instantly Stops that everlasting Smarting, Aching and Foot Weariness. Dissolves Corns and Callouses. Soothes and removes Bunions and all Inflammations. Relieves and Prevents Excessive Perspiration. A triumph of medical skill. Worked out by William Johnson, graduate of the London Chemical Laboratory. One cake will demonstrate it. Buy a cake to-day and know what Foot Comfort means.

Large cake, 25c. All druggists. Samples free on request.

Money Back if Not Satisfied.

WILBUR A. WELCH, Sole Distributor, - 905 N. Flatiron Building, New York

Schleich's mixture, and the operation was completed, including the removal of over 700 gall stones without any pain to the patient and no subsequent nausea. (I also find this preparation the best pain reliever I have ever used.

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A Convenient and Stable Solution.

A solution of Boric Acid is always convenient to have at hand. To make the solution add one heaping teaspoonful of Boric Acid to a quart of warm water. The solution should be shaken occasionally until the Boric Acid is dissolved. When once dissolved it will keep in this condition indefinitely.

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In Exhaustion.

In all conditions of mental and physical exhaustion accompanied by malnutrition its effects are speedily manifested by an increase in functional vigor and a general improvement in the health of the whole body. Physicians who are not using Gray's Glycerine Tonic Comp. in their cases of general debility are urged to do so and note what really remarkable results they can obtain.

+

School of Massage.

The fall class of School of Medical Gymnastics and Massage opened September 6, and will continue until December 6. The first weeks are devoted to demonstrations and practice in the technique of massage. New students from out-of-town are always assisted in finding suitable, inexpensive boarding houses in the vicinity of the school.

+

Formaldehyde Disinfectine Compound.

U. S. Disinfectine Compound is manufactured in the laboratories of the United States Chemical Company, under the direct supervision of Dr. Carl L. and Thornton B. Barnes. Extensive bacteriological tests prove that one box of U. S. Disinfectine Compound, in combination with one pint of water, will thoroughly disinfect a room of 1,000 cubic feet capacity. It is the best disinfectant to use in smallpox, scarlet fever, diphtheria, tuberculosis, measles, anthrax, typhoid fever, etc. Simple! Safe! Secure! U. S. Disinfectine Compound, the new disinfectant, will not stain or injure the finest fabrics.

Send for Circular.

The hospital devices illustrated in our circular, and one of which is seen in our advertisement in this issue, are the result of a deep insight into the needs of hospitals, and much thought and ingenuity to supply those needs. Our registers are exceedingly practical, simple in system, strong, of exceedingly good material and workmanship.

THE UNIVERSAL REGISTER CO.

+

Chocolate Icing.

Make a vanilla icing, and add one tablespoonful of cold water to it. Scrape fine one ounce of Walter Baker & Co.'s Premium No. 1 Chocolate, and put it in a small iron or granite-ware saucepan, with two tablespoonfuls of confectioners' sugar and one tablespoonful of hot water. Stir over a hot fire until smooth and glossy, then add another tablespoonful of hot water. Stir the dissolved chocolate into the vanilla icing.

+

What It Is and Does.

The Acousticon is an electrically operated instrument, constructed in exact accordance with nature's laws, as to the transmission, multiplying and clarifying of sound-waves.

With it those who are deaf or hard of hearing can be supplied with the exact degree of accentuated sound that they require, and thus artificially equipped with what Nature denies them are placed on a plane of practical equality, so far as normal hearing is concerned, with all their fellow men and women.

+

Description of Relay.

The Sturm Signal System Relay, for hospitals, is mounted on a slate base in a pressed steel box, black enamel finish, 6 inches wide, 6½ inches high and 4 inches deep. The box contains all necessary fuses, binding posts and pilot lamp socket. The size of the box remains the same irrespective of the number of signal lights.

There is nothing to get out of order, as the relay signal box contains but one movable part, which is operated by electricity and restored by gravity.

The entire operating expense consists of the electric current which is used only during the period when calls remain unanswered. Inasmuch as all signal and pilot lights are of

Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, now proposes to extend and enlarge the scope of this teaching, and offers a course in these subjects which it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year 1908 the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course exceeded ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and co-ordination exercises.

The instruction will occupy about seven months, beginning in October, 1909. Lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr., while the practical teaching occupies from three to four hours daily.

Examinations both practical and theoretical are required at the end of the course.

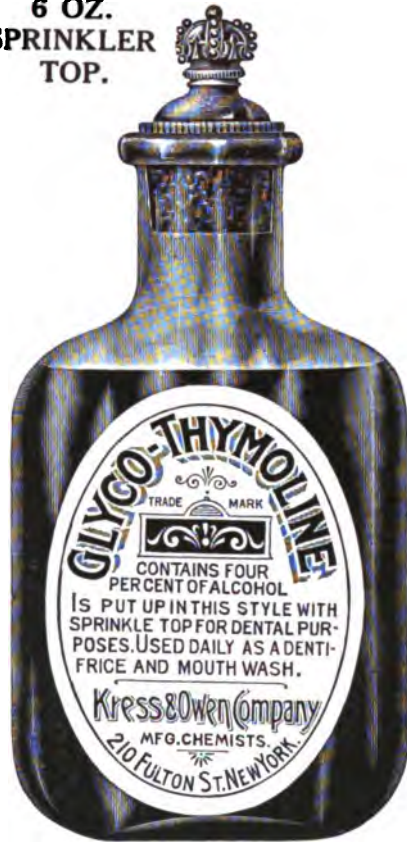
Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A shorter course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechano-therapy or separately.

This course last four months, and the fee is \$25.

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6 OZ.
SPRINKLER
TOP.



One of above special bottles of
Glyco-Thymoline will be sent

FREE
Express Prepaid

to any *Trained Nurse* on application.

We want you to know the value
of *Glyco-Thymoline*. It stands
on its merits.

Mention this Magazine.

KRESS & OWEN COMPANY

210 Fulton St., New York.

eight candle power, this operating expense is exceedingly small. No motor generators, rectifiers, transformers or storage batteries are necessary with this system.

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Only the Oil Omitted.

Clinical experience with Hagee's Cordial of the Extract of Cod Liver Oil Compound justifies the assertion that its therapeutic indications are precisely those which belong to cod liver oil in its natural condition.

The fatty element (and this alone) is indeed completely eliminated, and while the nutritional value of that factor is undoubted, it must not be forgotten that oil will not be tolerated in many of the cases for which cod liver oil is indicated.

+

Gastro-Jejunostomy.

After gastro-jejunosomy, or partial gastrectomy for cancer, Paterson feeds the patients up rapidly, allowing mutton or beef essence, jelly, eggs and Benger's Food on the second day, and often fish or chicken cream on the third day. Patients who have been exhausted by weeks or months of vomiting will not stand starvation, and their tissues possess feeble power of repair unless they are provided with plenty of nourishing food. —The Practitioner, London, March, 1910.

+

Palatable, Pleasing, Postum!

Coffee should never be given to children any more than tobacco. It contains an alkaloid which tends to interfere with the proper development of the child's nervous system. This alkaloid is caffeine, well known as affecting the nervous and circulatory systems. Children should be given some harmless beverage instead of coffee or tea—say, Postum, which is made of clean, hard wheat, including the bran-coat containing the valuable phosphates so necessary in elaboration of nerve-cells.

+

Composition.

In Horlick's Malted Milk, the food value of pure cow's milk is made available with the nourishment of choice malted grain in a permanent powder form. In the final process of manufacture the casein of the milk is modified so that it becomes soluble and very easily digested. This unique combina-

tion of the solids of milk with the phosphates, the carbohydrates and other nutritive principles of the cereals makes a complete food where milk is indicated as the chief diet.

+

Watch It Work.

So many physicians misunderstand Pneumo-Phthysine, taking for granted that it is one of the numerous preparations gotten up as a convenient "placebo," but the nurse, whose business it is to watch, with the eye of an eagle, for the minutest symptoms arising from both the disease as well as remedies given to influence the course of the disease, will usually be the first to find that Pneumo-Phthysine so radically influences the course of the disease conditions for which it has been prescribed that it soon becomes the mainstay in positive therapeutics.

+

Summer Diarrhea in Infants.

Summer diarrhea is almost invariably the result of improper feeding. The fact that infants fed on Nestle's Food seldom suffer from diarrheal disorders is most significant.

It shows conclusively that this well balanced nutrient, derived from the purest of cows milk and carefully selected cereals is not only digested and absorbed with no undue tax on the digestive organs, but that bacterial contamination is so avoided that fermentative and putrefactive changes are practically unknown.

+

New, Necessary, Progressive!

The Holtzer-Cabot Electric Company, of Boston and Chicago, have recently equipped a number of large hospitals with their silent signaling system. They are also manufacturing at the present time systems for several large hospitals now being constructed. The company is prepared to furnish systems of several different patterns to suit conditions, and would be glad at any time to take up the matter of hospital signaling apparatus with anyone who is interested. The company has recently brought out several new articles in connection with this class of service which are novel and which cover some of the points that have not been properly taken care of heretofore in this class of work.

20 MULE TEAM PRODUCTS

For the Nursery and Sick-Room

BORAX is one of the mildest antiseptics known; in fact it is comparatively the only one known that is wholly safe to use in the sick room. Therefore, it can be used in the place of more powerful antiseptics, which are frequently the cause of poisoning a patient.

Borax can be used indiscriminately in the sick room for softening water with which to bathe the patient, and for thoroughly cleansing bed linen, soiled garments and utensils.

A boric acid solution is cooling and soothing for the eyes, for inflamed cuticle or the mucous membrane. Boric acid spangles are the best to use for making a solution. Boric acid in a powdered form is unsurpassed as a dusting powder.

20 Mule Team Borax, Boric Acid and Spangles are all packed in convenient cartons for the nurse to handle. The 20 Mule Team Brand is always a guarantee of purity.

Write for our "Magic Crystal" booklet—free on application.

PACIFIC COAST BORAX CO.

New York : : Chicago : : Oakland



"Well, Well!"

I hear you perfectly now!"

I HEAR you anywhere in the room; why, I could not hear ordinary conversation one foot away. I have had the Acousticon now for nearly a year and it is all in all to me. Gold could not buy it if I could not get another."

So says a user of the Acousticon who has been extremely hard of hearing for years, and his experience is the same as that of thousands who are now using it—to them we have said as we now say to you: "Test the Acousticon and let us prove that it will make you hear distinctly and clearly, and

TRY IT AT OUR EXPENSE"

If you are not convenient to one of our many offices, we will lend you an Acousticon, and if you do not hear satisfactorily the trial will cost you nothing. No trial fee, no penalty, if you do not hear.

A very light and unnoticeable head-band is furnished with the ear-piece; its use makes it unnecessary to hold the ear-piece and leaves both hands perfectly free.

Ladies who use the Acousticon dress their hair so as to make the head-band and ear-piece invisible.

Over three hundred churches throughout the country have installed the Acousticon for their members who are hard of hearing.

It is the original electrical hearing device, fully protected by U. S. patents, and you can not secure anything as efficient under another name.

Write for particulars of the Free Test, Booklet, etc., to

The General Acoustic Co.

885 Browning Building, Broadway and 32nd St.
NEW YORK.



Mother's milk would not nourish this little girl

She lost steadily. Several different patent foods and many plain household foods were tried, but none would agree with her. When put on

Eskay's Food

she thrived from the start and is now plump, healthy and rosy-cheeked.

A trial package and our booklet "How to Care for the Baby," will be mailed free on request.

SMITH, KLINE & FRENCH CO., 436 Arch St., Philadelphia

Seeing Is Believing.

Under the Three R trade mark there is published a series of helps for nurses that is creating a very favorable impression among professional circles.

First of these helps is an ingenious combination of all the thermometers that the nurse will ordinarily use. Taken in connection with the R. R. R. method of replacing broken thermometers, this is no doubt the most economical as well as convenient article of professional equipment that has appeared in recent years.

+

Are You In Need?

If you are in need of any kind of nurses' supplies, sick room utensils, invalid requisites, send for the very full and complete catalogue published by the Valzahn Company, 1629 Chestnut street, Philadelphia, Pa. In this catalogue you will find simply everything from a twenty-five-cent grooved director to a maternity packet (by the way, it is worth getting the catalogue simply to see these). Nothing is overlooked. Nurses' bags and chate-laines, thermometers, hypodermics and utensils of every kind are illustrated and priced.

+

Dole's Pineapple Juice.

Have you tried it? It is the pure non-alcoholic juice of ripe pineapples bottled where grown—a wonderful new drink, very refreshing and satisfying.

Take one pint pineapple juice, three parts water, sugar to taste, and crushed ice, give this to your patient for a change. Recommended by a very prominent doctor as especially useful in diseases of the throat and intestinal tract.

Ask for it at your drug store or grocery store. If you cannot get it, write The Hawaiian Pineapple Products Company, 112 Market street, San Francisco, California.

+

The Ill-Nurtured Baby.

The first thing to be investigated is the character of the child's food, the frequency of feeding, etc. In addition to this, however, the little patient often requires some "fillip" to vitality, a mild general tonic and reconstructive. For this purpose nothing is more generally beneficial than Pepto-Mangan (Gude), in doses proportionate to age. Be-

ing palatable, even young children take it readily. As it is free from irritant properties, it is readily tolerable and absorbable, without disturbing the digestion or producing constipation.

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In 1898

The London Lancet, after a careful examination of Scott's Emulsion, reported that "the preparation fulfills all the requirements and presents all the conditions of a very satisfactory emulsion. In appearance and consistency it is not unlike cream and under the microscope the fat globules are seen to be of perfectly regular size and uniformly distributed. So well has the oil been emulsified that even when shaken with water the fat is slow to separate. The taste is decidedly unobjectionable and the emulsion should prove an excellent food as well as a tonic."

+

Prepared Barley.

Use Robinson's Prepared Barley for making gruel. It is perfectly delicious, made with milk and acceptable to the most fastidious patient.

Barley water is very useful in quenching thirst of fever patients, and no barley is so thoroughly satisfactory as Robinson's. For sale at both drug and grocery stores. Send to James P. Smith & Co., 90 Hudson street, New York City, for an illustrated booklet, giving recipes in which you can use barley and also telling how to prepare it for infants' use.

+

Demonstrates Its Worth.

100 State Street, Chicago.

The Wallace Invalid Bed Company:

Gentlemen—Since you placed the bed in Mercy Hospital we have had splendid opportunity to observe its practical application to the comfort of the sick and to note its great assistance in surgical dressings and handling and caring for surgical cases without causing pain or discomfort.

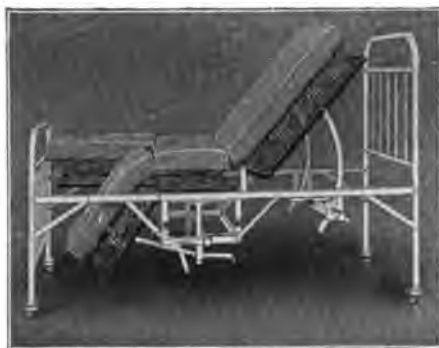
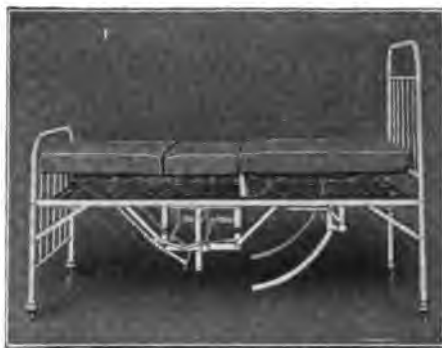
I feel that every hospital should have a goodly number of these beds at the disposal of their patients. Yours very truly,

DR. J. B. MURPHY.

Aug. 9, 1909.

The Wallace Adjustable Invalid Bed

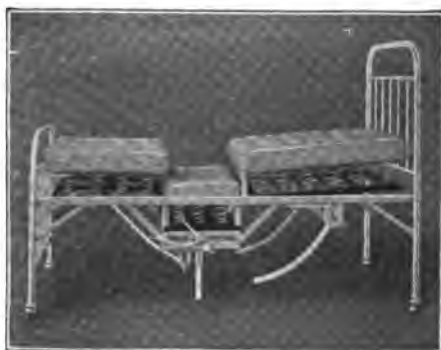
Greatest Invention of the Age for Suffering Humanity.



AN IDEAL HOSPITAL BED. Insures real rest for patient and saves 75% of labor in nursing. Instantly and easily adjusted to practically every position obtainable on an operating table, without lifting or moving patient. Middle section lowers for use of bed pan or douche. Endorsed by Physicians and Nurses. Simplifies bathing and changing of bed linen. Prevents bed sores. It is invaluable for Obstetrical cases. An ideal fracture bed; fractures once set give surgeon no worry. The additional height facilitates handling of patients.

The Wallace Bed soon pays for itself in the increased charges obtained for rent of rooms furnished with it. Many hospitals and sanitariums are not only making a reputation for efficiency and up-to-dateness by using this bed, but are also making big money out of it. Why not you?

Our bed is made entirely of metal, indestructible, Japan and white enamel finish. Shipped complete with easy box springs and fine soft felt mattress, the same day order is received. *Special discounts to Physicians, Nurses and Hospitals.*



Write to-day for free illustrated descriptive booklet.

WALLACE INVALID BED CO.

209 State St.,

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The Publisher's Desk

The Trained Nurse and Hospital Review

A monthly Magazine Devoted to Trained Nursing in Private Practice and in the Hospitals of the Country

Editor

ANNETTE SUMNER ROSE

LAKE SIDE PUBLISHING COMPANY
PUBLISHERS

OFFICE—114-116 East 28th St., New York City

THE TRAINED NURSE

has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puffs no humbugs, and does not take half its space to tell how good the other half is.

Annual Subscription, post-paid.....\$2.00
Single Copies20

Entered as second-class matter at the New York Post Office, March 11, 1901.

IMPORTANT NOTICE.—Those of our subscribers who wish to notify change of address must send such notification in order that it may reach the publishers *not later than the 20th of the month before publishing*; otherwise the change cannot be made.

COMPLAINTS for non-receipt of copies or requests for extra numbers must be received on or before the 10th of the month of publication; otherwise the supply is apt to be exhausted.

TO CONTRIBUTORS.—We pay liberally for all Original Articles.

Exclusive publication must be insured to all contributions offered to the Editors. Rejected manuscripts will be returned if stamps be sent for this purpose.

Exclusive publication not required for contributions to Nursing World Department.

Illustrations for articles are particularly solicited. All expense for drawings, plates, etc., will be borne by the publishers.

No responsibility is accepted by the Editors or publishers for the opinions of contributors, nor are they responsible for any other than editorial statements.

Books and monographs will be reviewed promptly.

Short, practical notes upon personal experiences or brief reports of interesting cases, with results from remedies, new or old, will be welcomed.

The Editors and printers will greatly appreciate the courtesy of having all manuscript typewritten; or, if this is impossible, clearly written, great attention being given to proper names and medical terms.

Pleasure, Not a Duty.

We simply hate to talk about duty to nurses, for if there is any one class of people more than another who have duty dinned in their ears dismally and eternally, trained nurses are that class.

And yet we would like to talk about duty, in this case a duty which is a positive pleasure.

If you are not looking over the advertising section of every number of **THE TRAINED NURSE** you are really missing something. Those with a real appreciation of the future of nursing know you are missing a lot. Would you like to nurse without a clinical thermometer or a hypodermic syringe? Well, there was a time when there were no clinical thermometers or hypodermic syringes, and when they first began to come in the majority of people did not believe in them any more than they believed in anesthetics at first or antiseptics. But the world is not going to stand still, and these things have made a place for themselves just as some of the new things advertised in this issue of **THE TRAINED NURSE** are going to make a place for themselves, so that in a few years they will become indispensable. Do not be the last to get acquainted with something which in a couple of years will become an absolute necessity in scientific nursing.

Therefore, read the advertisements in this issue, send for the samples and literature so generously offered, get up-to-date, in fact, be just a little bit ahead of the majority.

+

A Great Success.

It looks as if our Prize Subscription Contest was going to be a great success. We have already received a great many clubs, but there are so many working that, up to the present the clubs are small. Therefore, every one has a chance, and you get something for your trouble, even if you do not win.

When your Alumnae Association meets bring this Prize Offer to the attention of your members. Your association could use the prize money.

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The Trained Nurse and Hospital Review

VOL. XLV.

NEW YORK, NOVEMBER, 1910.

NO. 5.

Ethics and Deportment for Attendants on Mental Invalids

CLARA BARRUS, M. D.

Assistant Physician in the Middletown State Hospital, Middletown, N. Y.

LET us consider the deportment of attendants on the insane and the ethics of nursing this class of patients in our State hospitals. In other words, consider how to act in the various situations you encounter and, also, why it is right for you thus to act. Briefly, we are to consider what is your duty and a clearer understanding as to what constitutes your duty will, I hope, be followed by conscientious performance of it.

Our duty is to help the patients—to help as many as are recoverable to get well speedily and to make those who cannot get well as comfortable, happy, useful and well behaved as possible.

The attendant on mental invalids is in a trying situation. He or she comes to the work with little or no knowledge of insanity and usually with preconceived erroneous notions. For example, he or she comes with the notion, so prevalent with the public at large, that the insane are to be hoodwinked and deceived and led to do things by false promises, or, if these methods fail, threatened or forced into submission.

Please understand at the outset that these are bad methods. The best way of dealing with mental invalids is the honest way. Honesty is the best *policy* here. A false promise may work once, but thereafter your patient learns to distrust you. Again, a patient who is threatened may do things because of fear, but the threat on your part establishes a wrong relation between you and him. Let your aim be to make him trust you, and rely upon you, to feel that you wish to help him in every possible way to be his best self. Likewise, if force is resorted to, if he obeys you because he must, then is he antagonized toward you, and henceforth regards you as his enemy, and you, in turn, by exercising an unwarrantable authority, are, to a certain extent, made tyrannical; so there grows up between you and the patient a feeling of perpetual strife, instead of one of trust and mutual helpfulness.

Your duty as attendants may be considered under six heads: Duty to the patients, to the institution itself and to its officers, to your associates, to your-

selves, to the relatives and friends of the patients and to the public.

Duties to the Patients.—Each patient is to be treated as a person, not merely as a case. He is to be addressed respectfully by name and title. In all relations with him, without undue familiarity, try to impress him with your friendly and helpful attitude, letting him understand that requests for certain conduct and co-operation on his part are because the officers believe such to be for his good, not because you wish to dictate to or to control him. Stimulate his self-respect and his desire to conform to normal behavior so that this will be voluntary on his part. Be his friend, and make him yours. Persuade and conciliate him, resorting to force only when absolutely necessary, and then have enough help so that you do not injure him or receive injuries from him. And, when necessary to employ force, do it calmly and quietly, controlling your own temper and voice; never let these episodes assume the nature of an angry struggle between you and the patient.

Especial pains are needful in the reception of patients to the institution or to a new location in the institution. Explain the rules and customs to a new patient. All is strange, and many are apprehensive and suspicious on admission. The removal of their clothing to be marked will be regarded as theft; the first bath, unless considerably given, may be thought a punishment and the like. Make first impressions favorable. Timid ones need to be reassured; the weak and sick to be treated with the utmost consideration; depressed patients call for especial vigilance to guard against self-injury, and need to be cheered and diverted from their melancholy. Excited and suspicious ones are

to be soothed and reassured, more by your friendly manner and offices than by words, and quarrelsome, untidy, destructive and dangerous ones require most tactful and resourceful management. The more troublesome a case is the more you are put on your mettle to discover the best ways of helping him.

Only a few days on the wards and you become aware how much care and patience it requires to deal with these unfortunate charges, and the longer you stay in the work the more will this be impressed upon you. There will be times when it will be very difficult for you to be patient with troublesome, unruly and malicious patients. There often seems so much method in their madness and they show such ingenuity in doing the things they ought not to do and in leaving undone the things they should do that you get discouraged and impatient, and sometimes downright angry, and then you find it hard to keep from saying and doing things which your better nature tells you are wrong.

It will make it easier for you to put up with all the trying ways of your patients if you will keep continually in mind the fact that they are sick persons—sick in body or mind, or both, or sick in their moral natures, even if they are able-bodied and are keen and alert in their minds and fertile in their schemes for annoying and exasperating you.

Unfailing kindness and courtesy must be continually sought for. The more troublesome the case, I repeat, the harder you will need to watch yourself, the more grace and forbearance and forgiveness you will need to summon. It isn't easy, but we are here to do the right thing, not the easy thing. Still, it is surprising how much easier it is for all concerned when we *do* do the right thing, and do

maintain this conscientious, sympathetic and helpful attitude toward our often troublesome charges.

Put yourselves in their places; think how we should feel, deprived of our liberty and believing that we were unjustly deprived; imagine how it would seem, for example, to be tortured all night long with the belief that some one was turning on electricity which was causing those pains in various parts of the body just to annoy us, or how we should feel if we heard ourselves reviled by the voice of some one we could not see, but who seldom ceased tormenting us in all our waking hours. These are only a few instances; your experience will suggest many others to you, and, diverse as they are, the pitiful part is the same in all cases—the patient suffers just as much as though the things which he believes are so were really so; to him they are so, and his conduct is the outcome of his mistaken perceptions and beliefs of his bodily and mental discomfort and of his warped and diseased mentality.

Accordingly, sympathy and not resentment, patience and not petty dictation, help and not punishment, are what we need to secure.

We get accustomed to the sight of suffering in the wards, not so much to physical suffering, perhaps, as to mental pain. Let us never grow hardened to it. Familiarity with suffering should make finer natures more sympathetic—less emotional toward it, but more ready with means of alleviating it.

We also get accustomed to unseemly conduct, to vile language and unclean thoughts, as well as unclean habits. It rests with us if these things shall brutalize and coarsen us, or make us even more careful that our own lives and thoughts

maintain an undeviating standard of wholesomeness and cleanliness. One of our poets, in speaking of a hospital nurse, has said:

"The gross and soiled she moves among,

Do not make her gross and soiled.

All departures from right behavior should make us bend our energies to bring the patients back, if possible, to self-respecting conduct. Do not be content to see them drift into still more deplorable states. Much can be done by tact and ingenuity and persistence to induce decency and orderliness.

Attendants are with the patients so much of the time that their power for good and evil is very great. Many a patient's restoration to sanity has been most largely due to the helpful offices of the nurse who has been on hand to stimulate interest, cheer loneliness, perhaps correct false beliefs—not by argument, but by making the truth obvious, and, in countless other ways, to lend a hand just in the nick of time. Let but the patient feel that you are his friend and your opportunities for good are almost incalculable; but once let him feel you have been unjust or unkind to him and it will take months of continuous friendly effort on your part to gain his confidence, if, indeed, you ever do in certain cases.

Tact and insight and your daily opportunities will indicate where you can apply help to each case. I can only hint at a few. An oversensitive patient will appreciate attempts to make things easy for him; a refined person will be appealed to by your taking pains to secure things or conditions that will contribute to his comfort and tastes; an officious busy-body will often become one of your most efficient helpers if you will make him feel that you rely upon him for aid and even advice in certain lines; a quarrel-

some, cantankerous person is often won out of his mood by appealing to his sense of humor; a destructive one to his pride.

If your patients have bodily peculiarities and deformities, or conspicuous faults of mind and character, use delicacy in reporting these conditions or delinquencies. When necessary to report misconduct in their presence, seem to understate rather than overstate or even merely to state them—not from an attempt to deceive the physician, but in a spirit of forbearance and excuse, thus letting the patient feel that you are on his side, and report only because you must to the end that the physician may understand his difficulties and so, together, you may work out methods of helping him guard against a repetition in the future.

It is the duty of every attendant to report to his superior officer any instance of gross neglect or cruelty or abuse that comes to his notice. False notions of honor should never deter him from following this injunction. It is cowardly to permit things of this kind to go on and and not call them to the attention of the proper authorities. Manliness and womanliness demand this from you. If we permit one who is entrusted with the care of insane patients to bully them and we refrain from speaking in protest or from reporting the occurrence, we are virtually a party to the wrongdoing.

Remember that all the rules and requirements are primarily for the good of the patients, and in your attempts to obey the letter of hospital rules do not lose sight of the spirit of them also. Make sure that the comfort and well-being of the patient are secured and do not render him miserable in trying to conform to a certain standard of excellence in any given direction. For example, polished

floors free from unsightly marks and scratches are to be desired, as they add to the attractiveness of the wards, but if these have to be secured at the expense of the patient's peace of mind; if he is made to feel that the marks of his boot nails have brought down upon him the wrath of the nurse, then there is something to be ashamed of in having such unblemished floors. A tidy room, a smooth counterpane are desirable conditions as a rule, but if patients are made to keep their rooms on dress parade; if the bed is too good to be lain down on and we find the patient trying to get a nap by lying on the floor or on one of the hard hall benches, I say, a tidy room and a smooth bed are a disgrace to the institution. No need to multiply examples. Your care of the physical needs of the patient is, of course, a large part of your duty to him—systematic, close observation of his functions, habits, symptoms and accurate reports of the same. Hazy observations, half-hearted interest and vague, unsatisfactory and inaccurate records and reports are unworthy of you. Take pride in thoroughness and accuracy.

Greet your patients and associates with a cheery good morning; be considerate of the convenience of others in small matters as well as in great; show yourself willing, even at the cost of your own comfort, to lend a hand; be ready with the soft answer that turns away wrath and with the good humored remark that disarms ill-humor; refuse to listen to or to join in gossip; conceal your prejudices; beware of favoritism; conquer resentment and antipathies; cultivate a peace-making disposition; study when to speak and when to forbear, when to act and when to refrain from acting. In short, be your best selves.

(To be continued.)

Address to Spanish-American War Nurses*

HARRIET C. LOUNSBERY.

ONE more year has passed over our heads, and we find ourselves to-day, I think, stronger in many ways than we have been. Year by year we seem to grow closer to each other and the returned members, if here, will surely realize that their welcome is warm and sincere.

I must express my gratitude to the society for electing such good helpers as the treasurer and the two secretaries have been. The workings of the society have been full of pleasure to me, though my helpers have done the burden of the work, as their reports will show.

It has been suggested to me by a member, who is absent, that our society could collect among its members a very considerable amount of rare and interesting articles. That so many of our members have been to foreign lands and have brought home so many souvenirs, that, placed together as a collection, they might be accorded a corner in the National Museum, and from time to time additions might be made, and a very interesting collection result.

I find one suggestion in the address of my predecessor which shall be the inspiration of the few words I shall say to-day. In her address, read to us last year, I find this: "The president would advise the nurses to join the Red Cross Society."

At the time nurses were needed during the Civil War, willing women were put through a few weeks' training in city hospitals and rushed to the front, where they did noble work, but many lives were lost because no nurses were prepared

for the emergency. In the Spanish War, only through the most strenuous efforts of many workers were the proper nurses selected for the Government worthy to be trusted with the lives of her sons.

Now the reorganized Red Cross comes before us and says: "We want thoroughly competent women, educated as nurses, to give us their names, so that in time of war or national calamity we will not have to wait for education, for searching and for endorsements, but can, with the swiftness of the telegraph, instantly summon to our aid those who are competent, those upon whom we can rely." Those who have once gone forth will be doubly welcome. If home or professional duties forbid obeying a summons, no questions are asked, no one is forced to go, but the Government wishes to have at hand a list of such a number of women, nurses tried and true, that at any time enough for any emergency may be found. Is this not right? Is it not wise? Could we of this society do better than to say to our country, as we said once before, "Here we are, take us." The problem of the army nurse was, as you know, at the outbreak of the Spanish War, an unsolved one. Had we, who went down to help our country, been false to our trust, had we been a hindrance, as many expected us to be, instead of the power for good that we were proven to be, there would now be no army nurse and no Red Cross nurse, no navy nurse and no association such as we see here to-day. Now the Red Cross nurse is the logical outcome of the army nurse. If our country called us again

*President's address at opening of Convention at Atlantic City, September 20.

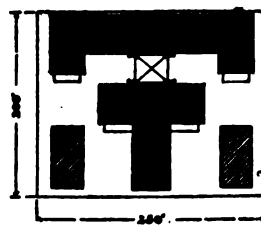
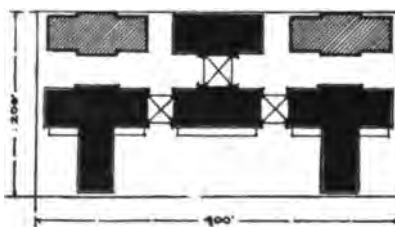
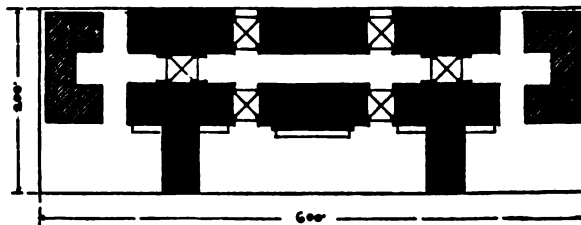
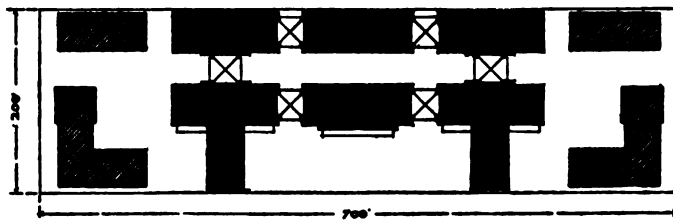
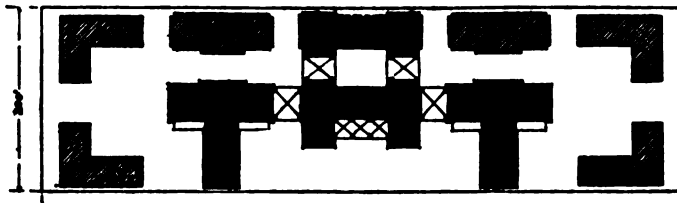
who is here that would want to stay at home; and the fact that our names were on the Red Cross lists as veterans would secure for us early calls, perhaps, not for the actual nursing that additional years may have rendered impossible, but for the many other positions that the gathering and sending of a large body makes indispensable. Can we not, as a body, send to the National Red Cross our hearty endorsement and in our several States enroll for work under the banner which we all reverence for the country we all love? I have been much gratified to notice that many of our members are on State committees; can we not all put ourselves once more in touch with the Government for whom we once worked so willingly?

Perhaps I have said enough. Yet so many avenues of usefulness seem opening to nurses I must go on, if your patience will permit.

In our work in the army we were pioneers. We did not wait for others, the moments were too precious, the men were too sick for us to hesitate. So now, when work calls us, we should not hesitate, because it is new or untried, but rather we should show by our courage in little trodden fields that the old brave spirit is still in us. The workers in the tuberculosis field are but few—the enemy is the most dreaded, the most deadly known to civilization. Yet with the researches of science it is possible to conquer. With light, cleanliness, patience and the teaching of hygiene this scourge can be eliminated. How many of us go down to this battlefield where not only men, but little children and frail women

hold out emaciated hands to us for succor and intelligent care? And so with other branches of work too numerous for me even to mention here. Missionary nursing, training of foreigners, the care of girls in city factories, the unimaginable diseases caused by immorality, the gospel of right living to be taught by nurses to patients, to mothers, to girls and to boys, who are, through ignorance, brought to such sickness and suffering as only nurses know. All this is more or less pioneer work. We have done pioneer work and succeeded in moving such a mighty machine as the U. S. Government. Could we not always have that as our inspiration and whenever there is a cry from any source for help, for the uplift of our fellows, for unusual work or effort there I would like to see a Spanish war nurse showing once more to a grateful people that she realized that in times of peace there are battlefields and wounded as truly as in times of war.

I am most proud to say that one of our members has gone to a far country and established training schools for nurses—three have gone to the missionary field in Turkey. One guides and guards about 1,800 factory girls in a Western town. One voluntarily gave up her life to prove that the yellow fever may be communicated by the mosquito. Several went forth and helped a sister country in time of war; one is head of the navy nurses' corps; many others there may be whose noble deeds have not come to my ears. I cannot but feel that it would be for the great good of our society if our past should be but the inspiration of our future.



TYPICAL BLOCK PLANS

DESIGNED BY DR. S. S. GOLDWATER
DRAWINGS BY COURTESY OF
H. K. M. HEAD AND WHITE

■ - HIGH BUILDING LOW BUILDING - ■

A Plan for the Construction of Ward Buildings in Crowded Cities*

S. S. GOLDWATER, M. D.

Superintendent, Mount Sinai Hospital, N. Y., Consulting Supervisor of Construction to Bellevue Hospital, the Stamford Hospital, etc.

AN acceptable plan for the construction of ward buildings of many stories in crowded American cities has long been needed. Such a plan must satisfy the requirements of convenient administration, and must comply in all essentials with the demands of hygiene, even under the hard conditions of a restricted site and of possibly unfavorable surroundings. The ward plan which is the subject of this paper is presented as a contribution to the study of this problem.

It is assumed that economic necessity compels us, and will compel us indefinitely, to continue to house a majority of hospital patients in large wards. Those who are opposed to large wards and who propose to provide for each patient the particular environment best suited to his condition and needs, are no doubt correct in theory. A private room with a porch and a garden; a private nurse on day duty and another on night duty; a skilled medical officer, not too much distracted with administrative duties or with the care of other patients—all these combined represent a kind of hospital organization which is greatly to be desired, because in the long run it would yield the best results in the treatment of patients acutely ill. But the folly of subdividing wards into single rooms, while there is a lack of means to increase substantially the number of nurses, has been demonstrated to the satisfaction of more

than one hospital superintendent, and to the serious discomfiture of patients in wards subdivided and understaffed.

Nevertheless the necessity of a partial classification of patients within the typical medical or surgical ward group must be recognized, even if a complete and perfect classification is at present unattainable; this necessity is recognized in the accompanying ward plan, as it is in all ward plans which provide, among the appendages, a lounging and dining room for convalescents, an airing balcony or balconies, and one or more "recovery," isolating, or "quiet" rooms. The problem in ward planning is to bring together all of these helps to good nursing and proper care, in such a manner as to facilitate their supervision by the limited number of nurses at present available, and at the same time to avoid hemming in the ward itself in such a way as to interfere materially with its supply of light and air.

A hundred or more writers in the last decade have reviewed the history of hospital planning and have presented and commented upon the ward plans of representative hospitals in Europe and America. I shall, therefore, take for granted a knowledge of these plans and shall merely say that none of them, in my opinion—meritorious as many of them are, and admirable as some of them must be acknowledged to be—can be utilized in a wholly satisfactory way for the con-

*A paper presented to the American Hospital Association, St. Louis, Mo.

struction of a hospital of any considerable capacity on such sites as offer themselves, for example, on the island of Manhattan, in the city of New York, where streets, running east and west, parallel each other at a distance of only 200 feet from north and south, and where most of these streets, from house-line to house-line, are only 60 feet in width. Within the limits of such a city block (and I confine myself to the rigorous demands of a typical Manhattan block, because while better sites, permitting greater freedom in planning, are often to be had in other cities, worse ones for the erection of a large general hospital cannot well be imagined), we are called upon to plan a hospital, the wards of which will be well lighted and surrounded by a suitable zone of aeration.

The modern hospital must be able to place its patients out of doors, whether in gardens or roof-wards or on loggias or balconies. Now since in crowded cities we cannot have gardens, and since roof-wards can only be utilized for a relatively small number of patients, the principal wards must have balconies; and these must be so placed as to be sun-warmed in winter, must be accessible for both bed-patients and convalescents, must lend themselves readily to constant supervision, and must be so arranged as neither to disfigure the building nor greatly to darken the wards. Besides this, the balconies must not be too close to the street.

It is essential also, on account of the rapidly increasing hospital needs of urban communities, that the ward plan shall be one which, if utilized at first for the construction of a four or five-story building, will permit us to superimpose new wards upon the old ones without detriment to the latter; and it is essential

so to locate our ward buildings with relation to the other buildings of the hospital group, that these other buildings, in their turn, may be increased in height and doubled in capacity, if necessary, without any signal alteration in the hygienic character of the wards.

This is not all that is required by the conditions of our problem. If the ward buildings, fronting south, can be so placed as to face a park or an open lot, well and good; but inasmuch as such sites are not always available, and since empty lots do not always remain unoccupied, our plan must be one which will not lose much of its virtue if open ground on the opposite or south side of the street is not available, or if such open ground, present at the time of the construction of the hospital, is subsequently covered with buildings.

A detailed comparison of the plan herewith presented with others suggested as suitable for the construction of many-storied hospital buildings in crowded cities, would lead to a discussion of many complicated problems, and would carry us beyond the prescribed limits of this paper. For the present, therefore, I must content myself with calling attention to some of the important characteristics of the present plan, the comparative value of which will no doubt be made plain in the subsequent discussion of its merits and defects.

The use of the T-shaped ward building enables us to construct a full-sized ward of thirty-one beds (five of which are in "separation" rooms) within a space extending only 120 feet from north to south, or a ward of twenty-six beds within a space extending 106 feet from north to south. If we leave to the north of this an air-zone of 30 feet in the one case, or 44 feet in the other, there will be avail-

able for administration and service buildings, 50 feet along the line of the street which forms the northerly margin of a block extending 200 feet from north to south. If the ward appendages and main service corridor were extended in the axis of the ward (as in the case of the typical pavilion hospitals of Germany and Great Britain), 150 to 170 feet would be required from north to south for the ward building alone, and the remainder of the 200-foot site would be of little or no use.

A study of the group plans shows that as much as sixty per cent of the total ground area of a site 200 by 200 feet, 200 by 350 feet, 200 by 500 feet, etc., may be occupied by buildings with satisfactory results.

The wards are well exposed on two long sides and one short side, east, west and south; the balconies or loggias are ample in capacity and have the decided advantage (in this climate, at least) of southern exposure. They do not to any appreciable extent darken the wards, and they are under the eye of the nurses in the ward; furthermore, they are so subdivided that convalescent patients may amuse themselves without restraint on one balcony, while very sick bed-patients are obtaining the benefits of fresh-air treatment, in undisturbed quiet, on the other. Each balcony is directly visible from one of the principal service rooms, namely, the pantry or the sink-room. The balconies are set back at a comfortable distance from the street.

The balcony, day-room, lavatories and water-closets designed for the use of convalescent patients are grouped about one end of the main corridor; the isolation of the very sick takes place at the opposite end of the corridor, convenient to the principal service rooms, and en-

tirely out of the range of observation of the convalescent patients and their friends.

The stairway and elevator lobby is isolated and yet occupies an especially favorable location, directly opposite the main entrance to the ward. Visitors approaching the ward do not pass through a long service corridor, but find their way immediately to their proper destination.

The principal corridor is arranged to serve as a true cross-ventilating corridor.

The horizontal arm of the "T," running east and west, can be lengthened, and the vertical arm shortened, if desired, for the purpose of increasing the number of separation rooms and of diminishing the number of patients in the open ward.

A special modification of the typical ward plan, to meet the altered requirements of a children's service, is included among the sketches submitted. Features of this plan are the observation windows permitting the control of the children's water-closets from the nurses' utility-room; the rooms for isolated cases or for babies and wet-nurses; the glass "boxes" for semi-isolation within the large ward; the larger bathroom, to accommodate bath tub and slab.

Bridges may be carried from the ward buildings to the north, east, or west, without detriment to the wards. In a group plan including two ward buildings, a bridge to the east or west would give convenient access to a central administration building. In a group plan including but one ward building, a bridge to the north would communicate with an administration building facing the northerly street; in a larger group plan, bridges to the north would communicate, according to the details of the general scheme, with

an administration building, kitchen and laundry building, pathological laboratory, operating pavilion, out-patient department, or with buildings used for any variety or combination of the purposes named.

In the larger and more complete group plans a separate out-patient building, not too high, would be placed at the southeast or southwest corner of the block and would be balanced by a private patients' pavilion at the opposite corner, leaving the ward buildings well exposed.

The essential feature of the scheme herewith presented, in which it differs from any published or applied ward plan known to the writer, is the combination of ward and balcony in a T-shaped plan, which, under the common conditions of hospital construction in crowded cities, seems to offer advantages not otherwise attainable.

I am indebted to Messrs. McKim, Mead & White for kindly permitting me to have the accompanying drawings prepared in their office.



ADULT AND INFANT DOLL USED FOR NURSES' PRACTICAL CLASS WORK, FREDERICK FERRIS THOMPSON HOSPITAL, CANANDAIGUA, N. Y.

Dolls were made by taking undergarments, shirts and drawers, stockings and cotton gloves, and filling them with cotton and sand bags to make the necessary weight. Over the whole body was fitted a strong muslin cover, on which was applied four coats of shellac. An ordinary mask, also shellaced, covers the face, and real hair wig completes the head. Every joint is flexible. Hands covered with rubber gloves. This doll has been used for bed changing, lifting and placing in all positions, has had hot and cold packs and baths, poultices and plasters for about one year, and has stood the wear and tear exceedingly well.

The Hospital Convention Exhibit

THE first exhibit of its kind in connection with the American Hospital Association started out under rather unfavorable conditions for lack of time. Seven weeks only were available for preparation, but in that time sufficient was achieved to show the splendidly interesting and valuable possibilities of this feature of the convention. The Washington University Hospital of St. Louis made the largest contribution. So practical and valuable were the exhibits from the obstetrical and surgical departments of this hospital and so many visitors were desirous of fuller detail regarding technique in those departments that arrangements have been made with Miss Menia Tye, Superintendent of the Training School, for a description of the manner in which several of the exhibits are used in the daily routine. This article will probably appear in the December number.

The nurse superintendents were especially interested in a collection of articles showing how that hospital prepares for emergency labor cases. The method of preparation will be fully described in Miss Tye's article.

An anesthetizing apparatus designed by Dr. J. Ross Clark was shown. This apparatus is said to have the following advantages: The anesthetizing agent is warmed, there is no rebreathing, accurate dosage and even mixture of air and gas is provided for, the anesthetist has his hands free to care for the patient, only a small part of the patient's face is covered, permitting cyanosis to be detected in its onset.

The method of preparing Dr. Crossen's gauze-strip sponges for abdominal sec-

tion with a view to eliminating the possibility of any gauze being left in the abdomen was shown. This method was fully described and illustrated in an article by Dr. Crossen in the January (1910) number of THE TRAINED NURSE.

A hypodermoclysis outfit which the Washington University Hospital has made to order was also shown. A catheterization tray showing the routine arrangements for catheterization was another interesting thing, of which a fuller description will be given later. In addition there were novel electrical appliances, specimens of bandages, new drainage material and various other articles connected with the surgical department—the whole forming a splendidly practical contribution for the benefit of the convention visitors.

St. Luke's Hospital contributed specimens of invalid solitaire boards which they have found useful, home-made floating labels and a record holder.

In the Jewish Hospital (St. Louis) exhibit the feature that attracted most attention was an eye-tray designed by Dr. Wiener and made to order. It was of white enamel with depressions for a row of small bottles containing such drugs and other articles as are ordinarily used in eye operations, treatments and dressings, the whole making a most convenient and inexpensive outfit for ophthalmic treatments. Many of the visiting superintendents there on seeing it announced their intention of having one like it for their own institution.

Dr. Hornsby, of Michael Reese Hospital, Chicago, contributed a child's bed designed by himself. The spring mattress can be raised and lowered, and an auto-

matic lock which holds the spring at any point desired prevents any possibility of accident from the unexpected dropping of the springs.

Buffalo General Hospital sent a model of a ward partition which they are using with great satisfaction, a new form of castor and specimens of ward dressings prepared so as to lessen the quantity of gauze used by 33 1-3 per cent.

The U. S. Navy Department sent an exhibit of plans of a new naval hospital under construction which embodies some interesting and rather new features in construction and a photographic exhibit of naval hospital appliances and methods.

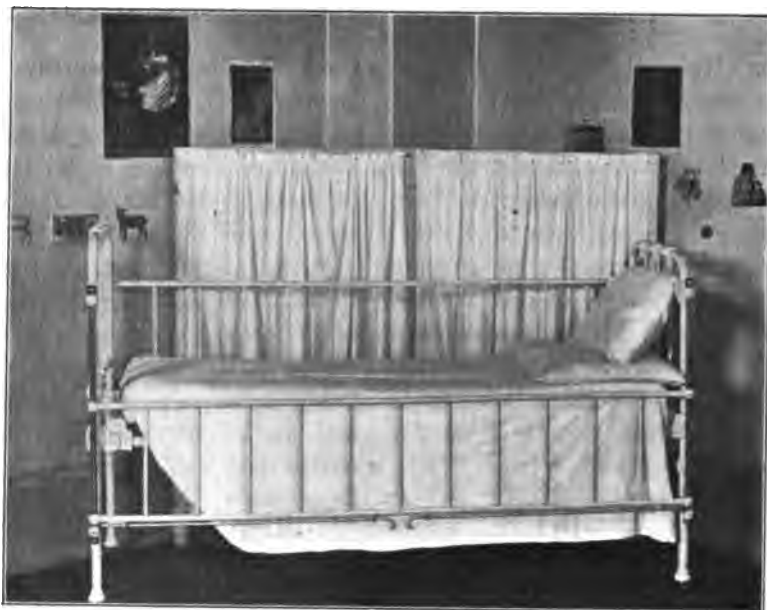
One of the most attractive features in the exhibit was sent from the New York State Hospital for Crippled Children, West Haverstraw, N. Y. It was a model of a shack used in outdoor treatment of children afflicted with tuberculous diseases of joints and various deformities. In the shack were six beds, and on six patients (in miniature) there were demonstrated something of the newer methods of dealing with different classes of diseases and deformities. The whole outfit was most complete and showed that much effort and thought had been used in its arrangements.

The New England Baptist Hospital contributed a model of the tents used in their out-door ward, with furnishings complete, even to the telephone beside the patient's bed. Just outside this model tent, with its model furnishings, was a model nurse, who stood attentively on duty attired in a very practical sort of rainy-day uniform. The nurse and the tent received enough attention and admiration for the common sense planning which they represented to make the superintendent vain, if she were not proof against any such emotion as vanity.



ADULT AND INFANT DOLL USED FOR
NURSES' PRACTICAL CLASS WORK.

Part of the photographic exhibit of the Hos-
pital Convention.



ADULT CRIB BED FOR TYPHOID PATIENTS (OPEN).



ADULT CRIB BED FOR TYPHOID PATIENTS (CLOSED).

This adult crib bed was designed for mildly delirious patients, to do away with the necessity for rest sheets or tying in bed. The bed is an ordinary strong iron bed, of hospital size and height, but provided with sliding sides, which can be held at any desirable height. The sliding control, however, being placed underneath where the patient cannot easily reach it. This bed has been used for a couple of years with entire satisfaction for typhoid and other irresponsible patients. The Hospital Supply Company, New York, made these beds from our suggestions.

Bronson Hospital, Kalamazoo, contributed a curette sheet which may also be used for obstetrical delivery. A surgical soap container, designed by Dr. Balch, of that hospital which, when fixed above the stationary wash-bowl, furnishes soap on pressure of a rubber bulb with the foot, is worthy of special mention. This useful little invention can be made at home by any hospital at very small cost. An inexpensive home-made bed-pan rack, which can be used for either the slipper or the "perfection" bed-pans, was also shown.

An exhibit of the cartoons used in Buffalo, Troy and other places raising money for hospitals quickly and in large amounts, proved interesting to many of the workers. It was sent by Mr. G. W. Johnson, of Buffalo, who conceived the plan and has successfully carried it out in different places.

In the photographic exhibit two or

three features are worthy of special mention. Mr. Mark Pendergrass, of Salt Lake City, illustrated by photograph their method of handling typhoid fever cases in tents. (See photos and description elsewhere in this number.)

Miss E. K. Kraemer, of the Frederick Ferris Thompson Hospital, Canandaigua, N. Y., sent photographs of a bed designed by herself for use in managing mildly delirious patients; also of an adult and an infant doll made by herself, coated with shellac, which she has found exceedingly useful in giving practical demonstrations of baths, poultices, etc., in teaching nurses.

The whole exhibit was so practical and interesting that promises of contributions for next year were numerous. It is predicted that an exhibit hall as large as the convention hall will be needed to care for the exhibit at the convention in New York next year.

The Passing of the Cradle

And now they tell us that it is no longer right to put babies to sleep in cradles. The new hygiene says that rocking babies is unhealthy. They should be laid down in stationary beds, with pasteurized pillows and steril-

ized sheets. The hand that has heretofore ruled the world will have to do it in the future by some other means than by rocking the cradle. The lullaby of the future may run something like this:

Sleep, little one, sleep,
Safe in your germ-proof bed;
Mother her watch will keep
Over your slumbering head.
Naughty bacilli you need not fear,
Bugaboo microbes will come not near.
Mother will chase all these away,
Sleep, little one, till the break of day.
—From *The Chicago Tribune*.

Lessons in Chemistry for Nurses

MINNIE GOODNOW.

Superintendent Bronson Hospital, Kalamazoo, Mich.

LESSON IV.

ACIDS are compounds of hydrogen and non-metallic elements. Some of them, however, contain a metal and many have oxygen in addition. They have a sour taste and turn blue litmus red. (Litmus is a vegetable extract obtained from a species of lichen.)

The three most common acids are sulphuric, nitric and hydrochloric. Their formulae are as follows:

Nitric acid..... HNO_3

Sulphuric acid..... H_2SO_4

Hydrochloric acid..... HCl

(Carbolic and carbonic acids are not true acids, though called by that name.)

Nomenclature. There may be two acids containing the same elements, but in differing proportions. In this case the name of the one having the least oxygen ends in *ous*, the other in *ic*. For example, H_2SO_4 is sulphuric acid, H_2SO_3 sulphurous. HNO_3 is nitric acid, HNO_2 nitrous. Their compounds are named in a similar way: Calomel is mercurous chloride, corrosive sublimate is mercuric chloride.

Bases are compounds of oxygen, hydrogen and a metal. They have an acrid taste and turn red litmus blue. A base which is readily soluble in water is called an *alkali*.

An *alkaline reaction* is the turning of red litmus blue.

An *acid reaction* is the turning of blue litmus red.

It will be seen from this that acids and bases, or acids and alkalies, have opposite characteristics.

A substance is said to have a *neutral* reaction when it is neither acid nor alkaline, i. e., does not affect either red or blue litmus. This may be illustrated as follows:

Put a small amount of dilute caustic soda (a strong alkali) into a dish. Add to it hydrochloric acid drop by drop, stirring with a glass rod. Test frequently with litmus paper, both red and blue. If the acid is put in carefully we can obtain a solution which will change the color of neither kind of litmus and is therefore neutral.

(The reaction is $\text{NaOH} + \text{HNO}_3 = \text{NaNO}_3 + \text{H}_2\text{O}$.)

Alkaloids are plant bases. They are complex compounds containing nitrogen and carbon, and having qualities very like bases or alkalies. They are the "active principles" of the plants from which they are obtained. A plant may produce more than one alkaloid; for example, morphine, codeine and heroin are all alkaloids of opium. Alkaloids are usually violent poisons, and when used medicinally are given in very small doses. (See lesson X.)

Salts are compounds produced by completely or partly replacing the hydrogen of an acid with a metal. They may be made by combining a base and an

The Nurse's Wardrobe

ANNE A. WILLIAMSON,
Superintendent of Nurses, California Hospital.

"The apparel oft proclaims the man."

WHAT a nurse may wear seems at times to interest the lay mind as well as other things regarding her mode of life.

A very accommodating public has always been ready to arrange the affairs of the nursing world, and it will gladly attend to this matter forgetting that because a woman devotes her life to the care of the sick and unfortunate it is not a good and sufficient reason that she must confine herself to a few styles of wearing apparel, crushing out all her natural delight in pretty clothes.

Doubtless the idea originated from the fact that the first nursing was done by sisters who wore their habits, nor were they allowed any other garments.

The lay public calls loudly for the uniform on all occasions, even suggesting that a street costume be designed, adopted and prescribed by law for all nurses, these uniforms to be worn on all occasions so that a nurse need never be lost to sight and must carry the unmistakable signs of her profession constantly with her.

Just what the penalty for not conforming to this ordinance shall be has not been fixed upon yet, but no doubt that point will be settled later, and just what the consequences might be should a nurse escape in citizen's clothes and proceed to enjoy herself with her kind has never been determined.

No one has ever ventured to design a costume for doctors or teachers, each being allowed to exercise his or her own

taste in the matter with no comment from the outside world. Why may nurses not have the same privilege?

While the nurses' uniform appeals to the romantic mind, and while those blue dresses, white kerchiefs and jaunty caps are very restful and appropriate for the work, no woman in this free country should be compelled to wear them constantly if she does not care to do so.

The feminine mind tires of simplicity and straight lines, and while she may gladly accept the uniform in the same spirit that the business woman does the tailor-made dress, when the day's work is done her tastes lie in other directions.

On being accepted into the training school the probationer appears in uniform for the first time, and never again during her career as a nurse will she feel prouder or better dressed than on that first day.

Usually she has her photograph taken at once so that she can always preserve on paper the reproduction of that first uniform.

Then comes the temptation to wear the uniform on all occasions. It is so easy to do errands near the hospital without changing one's dress, or such a saving of time to put on a long coat and take the car downtown without the effort of making oneself more presentable, and possibly there may be that pardonable pride in the uniform and a desire that others may see it.

Dear girls this is all wrong. Your uniforms may be very neat and pretty and

very becoming, but they are your working dresses and should not be worn in public any more than the kitchen aprons the careful housewife always provides for her work, for you must bear in mind that a woman of fine feelings will not make herself conspicuous at any time by her dress.

Looking at the matter from a hygienic point of view a uniform worn on the street and exposed to the dust and dirt of a large city is not fit for the sick room.

In the hospital nurses do not lay aside their uniforms as readily as they should. In so many training schools it has become a habit for the entire school, from the superintendent down, to attend the entertainments in uniform and some of them go further than this, and grace even the *alumnæ* meetings and entertainments in uniform.

Laziness is the first excuse, too tired to change, some say, when in reality too indolent is the real reason, for a change from the working clothes to those associated with happier hours is a recreation in itself.

Some nurses feel that an evening dress is an unnecessary luxury, but when we consider an organdy that may be purchased for fifteen cents a yard and made by the girl herself, will give the wearer just as much pleasure as a creation from Paris, we feel that a simple evening dress is within the reach of all.

Nurses are apt to be careless about their uniforms, some not seeming to realize that they are not pretty or attractive unless perfectly fresh. A soiled or stained apron is very annoying to a patient, while a dress without buttons or one that is ragged or patched destroys the idea of trimness we always associate with the nurse.

In connection with the uniform be care-

ful about the underskirts, for nothing can detract from the freshness or beauty of any dress as a soiled or untidy underskirt.

If the dresses are colored white skirts are not imperative when the laundry bills must be considered, but they should be made of material that can be washed and starched. Never wear a silk petticoat or a cotton one that cannot pass through the laundry as often as the uniform itself.

It seems hardly necessary to add that white underskirts should always be worn with white dresses, but I have seen nurses put on fresh white dresses over dirty black or colored skirts and wonder why they do not present a well-dressed appearance.

Be careful of your shoes; do not think any old shoe will do with the uniform. Fancy shoes that have seen better days are entirely out of place on duty. Shoes should be comfortably plain and have rubber heels, and above all not squeak. So many houses now have hard wood floors and the tap of the nurse's heels is very annoying to the nervous patient, to say nothing of the careful housekeeper's distress for fear her floors are being ruined by possible unprotected nails.

Granted that the uniform is only for use in the sick room we come to one of the most important parts of the question—what to wear after graduation.

The majority of graduate nurses find that white is more satisfactory than the regular hospital uniform. It is more acceptable to both the patient and the family, especially if the nurse must come in contact with the household. Personally, I prefer white, but I always keep a few gingham dresses for night duty, as I find the colored dresses more acceptable to the patient during the dark hours.

Then there is the question of caps; aside from sentiment there is no more need of a nurse wearing a cap than a doctor. It is very becoming, but it has no actual use and may be omitted without injury to the patient. A great many patients object to a cap, and a nurse should be tactful enough to notice this and dispense with one when she knows it is undesired.

Uniforms in a hotel, of course, are tabooed, a white one is permissible in the patient's room, but do not wear it to dinner, for a white uniform or even a plain white dress at dinner would be equivalent to going down in cap and apron as far as identification with the profession is concerned.

The management of every large hotel strongly objects to a nurse being thrust upon its guests, so if you go to dinner and have no suitable dress wear your street dress and all will be well.

Besides her uniforms each graduate nurse must provide herself with suitable clothing for the night. She must have a pair of bedroom slippers that will not come off at every step and a comfortable wrapper or dressing gown. Kimonas are not fit for the sick room, especially if the patient be a man. The dressing gown should be made of some dark warm material, should have sleeves that cover the arms and a belt. Dressed in this manner a nurse may go anywhere about the house that may be necessary.

Should you nurse in a country where the climate is changeable provide yourself with a long-sleeved undervest to wear under the uniform when cold, thus

doing away with the necessity of wearing a shawl.

During the long convalescence when a nurse is retained for ornamental purposes only it is well to wear one's white uniforms during the morning or the greater part of the day, dressing for dinner if such be the custom of the family.

If your patient has been ill a long time she will enjoy seeing you in some other dress. Of course, if you drive or walk with her the change must be made earlier in the day.

White uniforms are made of all kinds of material, but the most satisfactory ones are those made of linen sheeting, and if you get the coarse quality it will not wrinkle.

Dresses made in one piece are most convenient and less expensive to launder, and if a permanent collar is used with a detachable turnover collar a great deal of wear will be avoided around the neck. Detachable buttons are better than permanent ones, as pearl buttons do not wash and boil very well.

Above all, bear in mind that the same rule applies with uniforms as with other dresses, that the plainer the dress the more carefully must it be made.

Almost any dressmaker can make a dress where ruffles and other trimming may be used to hide deficiencies in workmanship, but the dress with the severe lines must be designed and executed by an artist, or the result looked for will be marred and irregularities will destroy the effect desired, namely, "sweet simplicity."

Tent Wards for Typhoid Fever Patients at St. Mark's Hospital, Salt Lake City

THERE have been so many objections raised against handling typhoid fever cases in hospital wards, with the possibility at all times of the infection spreading to the other parts of the hospital, that St. Mark's Hospital of Salt Lake City is now experimenting with an outdoor treatment for these cases.

In order to give the plan a fair test everything has been made as complete as possible. The tents are made of heavy canvas, both ends of which are a frame work of wooden construction, covered with wire screen, insuring freedom from flies. The sides are carefully tacked to 2x4 inch plates laid along the floor. The flaps at each end of the tent are open to the top, giving perfect circulation of pure air and are so arranged that they may be drawn down and fastened during cold, windy or stormy weather or during the period when baths are being given.

A double ridge pole is used so the tent fly is held about 6 to 8 inches from the roof of the tent, thus allowing ample air circulation between the roof of the tent and the fly, affording protection from the heat of the sun during the day.

The floor and all frame work above it are so constructed that all may be taken down and stored when not in use.

It will be observed that three tents are used—two for wards and one for the use of nurses. Each of the ward tents will accommodate ten patients. The nurses' tent is divided into compartments and contains rooms for toilet and bed accessories, sterilizers, electrical heaters and general equipment necessary to prompt and efficient care.

All tents are equipped with electric lighting and heating, cooking equipment, etc.

The slop sinks in each tent are set flush with the floor so that the portable tub may be emptied directly into the sewer.

A portable tub of special device has been constructed for use in these tents. The tub itself is of heavy galvanized iron, 7x28 and 14 inches deep. This is supported on a frame work of hollow tubing, the whole being light yet strong.

One special feature is a sterilizer for treating not only all excremental refuse, but also the vessels used, thus preventing contaminations of even the sewer.

Practical Points

The fan bath or air bath is a useful method in dealing with persistently high temperatures in typhoid fever. The method ordinarily used is to apply the cold, wet sheet pack and set in motion close to the patient an electric fan. Evaporation is rapid under such measures, and the general results are excellent.

One of the best things as a cure for constipation in the aged and little children, is a baked banana taken before breakfast in the morning. Take a ripe banana and slit the skin down, then put on a plate in the oven, bake until quite soft, turn it out of the skin and eat while warm; some people like a little sugar on it.



TENTS FOR TYPHOID FEVER PATIENTS, ST. MARK'S HOSPITAL, SALT LAKE CITY.



TENT SCENE, ST. MARK'S HOSPITAL, SALT LAKE CITY.

To Catheterize a Female Patient

STANDING ORDERS, WASHINGTON UNIVERSITY HOSPITAL, ST. LOUIS.

1. Boil for five minutes two catheters, one glass and one rubber together with eight cotton balls and one piece of gauze in one pint of water in the catheter basin.

2. Leave the catheters, cotton balls and gauze in the water in which they have been boiled and place the basin in the tray.

3. Besides the basin have on the tray one pus basin for urine, two small basins, one to contain 1-3000 bi-chloride, the other to receive soiled cotton balls; also have a bottle of sterile glycerine to be used as a lubricant when necessary.

4. Screen the bed, take into the room the tray and three blankets.

5. Flex the knees and cover each leg with a blanket, use the third blanket to protect the chest.

6. Place the pus basin to the buttocks to catch the urine and the empty basin close below it for soiled cotton balls. Remove the stopper from the glycerine bottle, also the lid from the catheter basin.

7. Scrub your hands in the wash-up room, using soap and brush for two minutes, then soak for one minute in the Bich. sol. 1-3000, which you have prepared for that purpose by the bedside.

8. Take your place on the right hand side of the bed. Wipe off the vulva with a boiled cotton ball, then with the thumb and first finger of the left hand separate the labia and cleanse thoroughly, always making a downward stroke.

9. Do not use a cotton ball twice.

10. Place a cotton ball at the vaginal orifice.

11. Without removing the left hand rinse the right hand in the Bich. sol.

12. Pick up the catheter, but do not touch it within $3\frac{1}{2}$ inches of the eye opening.

13. Insert the eye of the catheter into the meatus, using no force, very slowly and carefully, until the urine begins to flow. Should the urine cease flowing before a reasonable amount has escaped insert the catheter a little further.

14. Should the catheter by accident come in contact with anything before reaching the meatus reboil it and wash up again.

15. Should a catheter specimen be ordered boil the specimen bottle with the catheter, place the end of the catheter in the bottle to catch the urine. Should a glass or metal catheter be used attach a piece of rubber tubing to the catheter.

16. In withdrawing a rubber catheter pinch it to prevent the escape of its contents. If a glass or metal catheter is used prevent the escape of its contents while withdrawing it by placing a finger firmly over the end of it.

17. After removing the catheter place it in the basin with the soiled balls.

18. Before removing the left hand remove the cotton at the vaginal orifice and then cleanse the parts thoroughly.

19. Apply the vulva pad and the binder.

20. Remove the basins and put them on the tray; cover the patient, removing the screen, the blankets and tray as quickly and quietly as possible. Wash and boil the catheter and dry it before putting it away.

Temperature Charts and Bedside Notes

IONA G. WILKINS.

NOTHING is more characteristic of a nurse than her manner of keeping bedside notes and temperature charts, and if instead of legible, well-expressed notes and tidy, accurate charts, a physician is forced to wade through ink-stained, incoherent statements or trace the course of a temperature on a chart disfigured with erasures and blots, no one will blame him if the nurse responsible for such conditions is not asked to work for him a second time.

Bedside notes act as day to day records of prescribed treatments, medicinal, dietary, etc., and should at the same time contain full information of everything that has any bearing on the case.

There are many varieties of bedside notes, but the best, I think, are those which have ruled spaces for time, temperature, pulse, respiration, urine, stools, medication, nourishment and treatments, and a wide margin at the right hand side for remarks, with a space at the top of the sheet for the patient's name and address and the date.

Some nurses write the doctor's orders at the top of the sheet, but it is a much better plan to have a small book for that purpose, and ask the doctor to write his orders therein, or if you write them at his dictation, have him read and sign them.

Needless to say, all medicines, nourishment and treatments should be promptly charted at the hour when they are given. When there is less than an hour's interval between dosage (say an order for calomel gr. ss. in 1-10 gr. every fifteen minutes), space and time will be

saved if it is recorded this way in the medicine column:

MEDICATION

Calomel, gr. $\frac{1}{10}$

C 3-3.15-3.30-3.45-4.00

Space may also be saved, and a clearer relation established between treatments and their effects if they are noted in this way:

TREATMENT

Hot pack 20 minutes (perspired very freely)

Normal saline O_T per enema.

{ Retained $\frac{1}{2}$ hr.
Expelled clear
Small amount of flatus }

There at a glance can be seen the treatments given and the results, without having to forage for knowledge in the column of remarks. Right here is a good time to talk a little about the "remarks." They should contain the maximum amount of information in the minimum number of words. Everything possible should be brought to a mathematical base. I know a nurse who once wrote in a report, "Patient vomited quantity of dark brown fluid." "Miss A.," said the doctor, "how much is a quantity—eight ounces or a hogshhead?"

Doctors are all *Gradgrinds*—they are looking for facts, and indefinite statements and generalizations have no place in their scheme of things. I read a night report recently which had the following lucid remark: "Slept fairly well—complained of pain in right side toward morning." Now, "fairly well" might mean three hours to me and five to someone else, and after much questioning I elicited the following: "The patient

slept at intervals from 9 to 2 A. M.—total amount of sleep about three and a half hours—woke with shooting pain in left intercostal region, which lasted half an hour."

When anything of unusual significance occurs underscore your note of it in red ink, so that the doctor's attention will be called to it at once, while it will not be necessary to discuss it too freely in the patient's hearing.

At the end of each twenty-four hours a summary of medication, nourishments, treatments, urine, stools, together with the highest and lowest temperature, pulse and respiration should be made. This is invaluable as a comparison from day to day, and should never be omitted.

If your writing is not easily read it is a good idea to adopt the plan in vogue at some training schools—that of printing instead of writing your entries. It doesn't take any more time when one is accustomed to it, occupies less space and is, of course, much more easily read.

While the bedside notes furnish detailed data of a case, the temperature chart, being a record of the three most vital symptoms, is of primary importance. It should be neatly kept, if ruled in black temperature dots should be made in red ink and with the connecting lines in black. Always rule heavily the lines used to divide the twenty-four-hour spaces, so that the division into days may be easily seen.

Drop temperatures produced by sponge baths, packs, etc., should be traced in red ink below the original temperature, and a note of the treatment written above it. Antipyretics should also be recorded on the chart; also any marked change in diet—in fact, any treatment or occurrence that would have an effect on a temperature either way.

If the physician does not wish to keep them, notes and temperature records should be either safely filed away or destroyed by the nurse who has had charge of the case.

The Call of the Woods.

When you are tired ministering to the many wants of the sick, and things seem to go all wrong, take a day "off," and go to the country where nature is all harmony and unison, and there let your body relax and your soul expand and rest; often the spirit as well as the body requires rest.

The green mountains will speak their message, the waterfall its music, listen to its rhythm; flowers invite your admiration and give you in return their sweetest perfume; the sky above is clear and restful.

Nature is all giving, for the scent of young growing things, the gentle rustling of the leaves, songs of birds, all is soothing to tired nerves. To a nurse it is the frequent contact with irritating, and often uncongenial, forces, which consumes the vitality, and leaves us, as we say, "limp" and nervous.

Nurses, I think more than any one else, require this nature diversion, as our work keeps us confined very much indoors. Try this outing sometime and see the effect.

MYRA ISOBEL STEVENS.

The Diet Kitchen

The Need of Careful Selection and Preservation of Food-Products to be Used for the Sick

MARY H. TUFTS.

(Continued from October.)

ON another case in the country, where I was, by the doctor's order, feeding a very sick patient largely on milk prepared in varied ways, my suspicions were aroused in regard to the milk (which was bought of a milk-man) because it had a peculiar, slightly pungent odor, and on standing some hours would separate into cream and a bluish, watery fluid that did not look like ordinary skim-milk. The flavor was peculiar, but indescribable. I complained to the man who brought it, and he was most indignant, though I explained as tactfully as I could that I feared his cows were getting some kind of feed that had affected the milk. For a few days after my complaint the milk was O. K. in flavor and appearance, then began to look and taste as before. About this time my patient complained much about a burning sensation and pain in stomach and bowels. I had told the attending doctor about the milk, and now told him that I wished he would ask the family to get milk at another place, which he did. And he took a sample of the suspected milk to a chemist, who found that it contained quite a large amount of formaldehyde, which had been evidently used for a preservative. The person selling this doctored milk was fined, and my poor patient fortunately

suffered no permanent effects from the formaldehyde.

It is no uncommon thing for the milk supply on farms to be so badly tainted with barn odors as to be positively disgusting as food. When I am nursing in private families I make it a point to inspect the outbuildings and the sources of water and milk supplies, and to inquire into the way the milk is cared for and handled in transit from producer to consumer.

If the patient is a child suffering from any intestinal trouble, it is important to know what breed of cow produces the milk you use, how long she has been in milk, and what kind of feed she receives.

A Durham, Holstein or Hereford cow, pasture-fed in Summer, and fed on well-cured hay and a little mixed grain in the Fall season, and an animal that has not been long in milk, produces milk that best agrees with sick persons in general, and infants and young children suffering from intestinal troubles, especially.

Choose a cow that seems healthy in every way; do not permit the milk to be used for invalids from a cow that has any lameness, cough, loss of appetite, fever, skin eruption or other evidences of illness.

Generally speaking, tuberculosis and

garget are the two diseases that most frequently affect the cow. And early symptoms of these diseases often escape the notice of those who care for the animals.

Pure water in abundance should be supplied to the animals, and they should be kept in a clean, well ventilated stable and allowed plenty of sunlight and exercise.

By experiments and chemical tests it has been proven that fright or harsh treatment of milch cows alters the character of milk so as to make it an undesirable food for children.

Cows from which milk is procured for the sick should not be fed on vegetables, hay that contains strong-smelling weeds or is mouldy or poorly cured, or on fermenting corncobs or silo feed. And in the Fall season, when vegetation is dying in the pastures, or is frost bitten, the cow from which milk is to be used for the sick should be fed in the stable as directed above.

Some years ago I was at a prosperous farmer's home, nursing a desperately sick case of enterocolitis. I asked about the cows they were milking, explained about the necessary care, feeding, breed of cow, etc., necessary to produce milk that would be best for the child. The child's grandfather said that there was one nice Durham cow in the herd that was quite new in milk, and as I asked to have the cow stable-fed he did so, and also saved the milk separately in utensils that I cared for. This cow had never been observed specially as to her milk, but had been milked into a pail containing the milk from several others.

This may explain why the old gentleman had not noticed the bad condition of the milk. When I strained the first milking I found both ropy masses and tiny blood clots in the milk, and, of course,

did not use any of it, and planned to select my cow myself next time. The grandfather said that all he had noticed out of the way about the cow was a little lameness, but that she ate all right, was in good flesh and gave a good mess of milk, so he had concluded that she must have wrenched her hip in the pasture. He seemed unwilling to admit that the cow might be diseased in some way. But I went to the barn with him to select the new cow, and incidentally to look at the one that produced the bad milk. Imagine my surprise and disgust to find an animal that was so lame that she could scarcely touch her toes to the floor; that was not in very good flesh and had a number of lumpy swellings and areas of infiltration in the udder. To make a long story short, a veterinarian found the cow to be badly affected with garget.

Now, how people can be so unthinking and careless puzzles me; but these are fair samples to prove what I said about not being able to get as pure milk in the country sometimes as can be procured at milk stations in the cities.

Left to his own devices in regard to care of milch cows and milk, the average farmer will not use the care necessary to secure really pure milk. He scoffs at the germ theories, and what he is pleased to term "cranky, fool notions" in regard to cleanliness.

It would be clear gain to every country town to pay a suitable salary to some good veterinarian to act as milk inspector. It is vain folly to imagine for a minute that milkmen in the cities are the only ones who adulterate or dilute milk.

In the country many so-called "cooley creamers" are used to set milk in. These consist of a large tank to hold the cold water in which are submerged the cans that hold the milk. These tanks are most

often kept in the stable or in a shed attached to it. In this case the cans are uncovered, and the milk strained into them there amid unclean surroundings, and it not infrequently happens that the cans into which the new milk is to be strained are left with covers off, waiting (handily) for their contents. About four years ago I happened into the barn of a man who sells cream and milk. Three "cooley-creamer" cans stood uncovered in the tie-up behind the cows, ready to receive the new milk as fast as the pail into which he was milking, should be filled. A cheese-cloth strainer hung on a rusty nail just outside the tie-up, and while I stood watching, Mr. Milkman took the strainer from its peg and strained the milk into the cans; then the strainer-cloth was hung again upon the peg, dripping with milk, and was soon covered with a swarm of hungry flies. Delicious (?) country milk, thought I. And I assure you that I have never since used any milk coming from that place for my patients, or for myself either.

Another source of contamination of milk comes from the unclean milk utensils. These "cooley-creamer" cans often receive no washing except a rinsing in cold water. It is a wonder to me that more persons drinking "country" milk don't get poisoned from ptomaines.

In the Winter time, the cows in the average farmer's barn look as if they were walking manure-heaps from the dried manure clinging to their flanks. And if the cow's udder is wet from feces or urine, all the cleaning it gets before milking is a hasty wiping off with some old, dirty bran sack that may be lying handily near.

This accounts in a measure for the disgusting "barny" odor and flavor of some milk. And in the instances where your milkman uses an old, broken wire milk-strainer, you will likely find plenty of barn-yard debris in the bottom of your milk can.

It is an interesting fact to note that in the country one very rarely sees glass bottles used for conveying milk to the customer. "Too expensive and destructible," say the milkmen; so they use tin cans, and many of them exchange the cans from our customer to another promiscuously.

So I say that the city resident has more surety of being able to get pure milk than his country neighbors, and this means invaluable benefit to the sick especially.

It is to be hoped that the country towns will soon have a system of milk and cattle inspection that will assure the consumers of a pure food.

To be continued.

Practical Points

In giving a patient a seidlitz powder, I found that to give it in two doses was much easier for the patient than for him to hurriedly drink a whole glassful.

Have three glasses—put the contents of the blue paper in one glass, the white in another;

put a half glass of water to each powder; when the powders are dissolved, pour half the contents of each glass into the third glass and give while effervescing. Then, after a few minutes the remainder may be given.

G. W. A.

Editorially Speaking

The Teaching of Institutional Management

ACCORDING to the annual report of the Hospital Economics Course at Columbia University there were registered for the course at the beginning of the school year just closed eighteen students. A correspondent who noticed the report has written asking, "What is the matter with the Hospital Economics Course that more nurses do not take it?" Hundreds of other people have asked the same question. If it were the first or second year of the course, the showing would not be so discouraging, but if we are not mistaken the past year was the tenth year such a course has been offered. It has been advertised and urged and boomed at practically every nurses' convention since the time it began. Nurses like to talk about it. It sounds big to be interested in "college opportunities for nurses." But it is one thing to write about it, and discuss it—it is another thing to lay down your bread-winning occupation and go take the course yourself. Most nurses think it is a good thing for somebody else, but as for themselves, they either do not need it, do not want it, or cannot get it.

That there is a demand for training along institutional lines is unquestioned. One hospital that offered a practical course in institutional management received within the first few months after announcing it over a hundred applications. There were openings for only eight nurses in a year. One might have expected the other ninety-two who could

not be admitted for the course in the hospital would have gone to the college for it. But apparently they did not.

Apart entirely from the expense of the course at Teachers' College, there is the deepening conviction that institutional management can be better taught in a well-organized hospital than anywhere else and taught with less expense. In defense of the expensive tuition fees at Teachers' College it is stated that "the maintenance of so large a body of professors and other teachers, of libraries and finely equipped laboratories is a very costly affair." This is probably true, but are those finely equipped laboratories and libraries and this large body of professors and teachers really necessary to teach a nurse to manage a hospital or training school? What of real, practical, workable, everyday knowledge can ninety-five per cent of those professors teach a nurse about managing a hospital? They can teach her a great deal, no doubt—a great deal that will be of little or no practical use to her when face to face with laundry and kitchen problems; when perplexed with the thousand and one demands made by the public, the physicians, the patients, and the board, in even the smallest public hospital. But they cannot teach her what can only be learned by actual experience with hospital problems. In fact, if we may judge by reports of those who have had experience with the course in hospital economics in Teachers' College, there is so much in the course along the line of psychology, bacteriology, laboratory work and social work,

and so little that is really practical along the line of institutional administration, that it is discouraging. This is not saying that all these things are not good in themselves. It would be delightful to be able to spend one's time in the pursuit of knowledge along these lines. But we live in a practical working world. We must spend our time in acquiring knowledge that we can use, and that is the chief difficulty with the course at Teachers' College, according to the statements of nurses who have entered for the course or investigated with a view to entering. It is not so much the question of expense, but that after a nurse has given up the money she would earn for the year which, to say the least, ought to be six hundred dollars—and has paid the six hundred dollars and more for her expenses, making a sacrifice of at least \$1,200 in a year, she gets so little of what she really wants and needs for real, practical, executive hospital work; and so much instruction from college professors on psychology and bacteriology and sociology and so on—things which are “nice to know,” but which do not tend to make her worth more as an executive in a hospital. That is, or seems to be, the real difficulty with the course at Teachers' College. In fact, a great many have said that the term “Hospital Economics” was a misnomer as applied to the course and ought to be abandoned as misleading. A great many wise people, nurses, physicians and laymen, have affirmed the conviction that you “can't learn to run a hospital by going to *any college*.” This is not saying that the course for nurses at Teachers' College ought to be abandoned. The recent endowment makes possible the development of splendid opportunities for training along general

philanthropic and social reform lines, and therein is the greatest field for the future development of a college course for nurses. New York City affords unlimited opportunities for actual experience in district nursing, tuberculosis work and various other lines of work to which nurses are more and more being called. It ought to be possible for a nurse, by doing actual work along social welfare lines, to meet a considerable portion of her expenses without interfering at all with the instruction, in theory, which she needs along sociological lines.

Ten years with experimenting with the attempt to teach hospital administration in a college ought to be sufficient to convince those who are not hopelessly fixed in their opinions of the futility of such a course. “We learn to do by doing.” We learn also a good deal by working day by day with those who are doing actual executive work in a hospital. And we have no hesitation about reaffirming our conviction that the best place to learn the everyday details of the practical administration of a hospital or hospital school is in a well-organized hospital, under the instruction of and in daily contact with experienced executives who are doing such work.

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Our Educational Policy

For years The Trained Nurse has advocated in training school work the policy of eliminating useless things from the nursing course—of teaching fewer lessons, teaching them thoroughly and teaching things worth while.

In doing this we have been in harmony with the best educators in the general educational field, and our policy is that which is being applied more and more to

schools in general. A great many nurse teachers who advocate the professedly "higher educational ideals" of the extremists or radicals in the nursing body in practice do not reach anywhere near the practical ideals we have advocated. For instance, the name of a certain ponderous textbook on anatomy and physiology for nurses appears in the list of textbooks of a large school. Talking with the principal of the school not long ago, she said, "Yes," they used it, but she did not pretend to teach from it. She had laboriously gone through it, numbering each paragraph, and in a little exercise book had made out a list of the paragraphs here and there which the nurses were to study. For instance, Lesson I., Page 13, Paragraph 1; Page 16, Paragraph 2; Page 27, Paragraph 3, and so on. She said she didn't suppose it was the best way, but they had the textbooks in the school, and though the nurses never had been able to cover a tenth of the contents of the book, she seemed to think that she might be accused of "lowering her ideals" if she discarded it. This is just a sample of what is being done in order to have the name of belonging to the "high idealists party."

In public schools the policy of concentration and elimination of non-essentials is being adopted everywhere, as any one who is interested in and conversant with general educational matters knows. Here is a sample of the methods that are being pursued in a Western city whose plan of successful government by commission has challenged the attention of students of municipal government all over the country:

"Cube roots, compound fractions, partial payments and other arithmetical stunts that strike fear into the heart of

the schoolboy are to be eliminated from the curriculum of the Des Moines public schools next year.

"'Thoroughness is to be the watchword for us next year,' the superintendent of the public schools said. 'We will make no change in the printed course of studies. But we will cut down the subject matter taught in each, so that more time may be given to oral drill. The school children will be given fewer things to learn, but we will make them learn them better.'

"This revision of the curriculum will extend through the high schools, too; courses will be changed so that more concentration may be possible. History courses will be revised so that the high school students may learn fewer things, but learn them more surely. In the grade schools useless arithmetic problems will be left out. Certain tables of weights and measures have fallen into disuse. The wine measure is one of these, and the school children of Des Moines will no longer be required to learn how to measure wine."

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Classes in Current Events

In the outline of the course of instruction for the training school at Morton Hospital, Taunton, Mass., there is included a class session every two weeks devoted to *current topics*. In the California Hospital, Los Angeles, a similar custom has been inaugurated, and we earnestly commend the suggestion to training schools in general. We are always deploring the "shop talk" of nurses, the fact that they lose interest in outside matters, and clatter away about affairs in their own little world—simply and solely because they don't know what is going on in the big world outside, and are

absorbed in the little world of their own. A weekly or fortnightly class hour devoted to significant current events would be one of the surest ways of getting at the root of the bad conditions we deplore. Such a course need cost the hospital nothing but a little effort in organizing it. Some of the bright, gifted ladies of the board of managers of the Woman's Aid Society would be delighted to prepare a little study of current events. A high school teacher, librarian, clergyman, college professor, or bright newspaper man or woman could be secured to assist. Even the president of the board, if he is a wideawake man of affairs, would be willing to bring to the nurses something worth hearing about what is going on in the world.

What is there at present going on which might be worth taking up in a current events class as a "starter"? Get the late number of the *Review of Reviews*, *World's Work*, *Outlook*, and such magazines, and you will find enough material for lectures for months. Select the topics which seem most interesting, significant and altogether worth while, and assign them to some friend outside the hospital for study. Get the nurses interested in the big outside world. There is no surer way to check the aimless, useless chatter about what Mrs. A. said, or Mr. B. did, or Miss C. wanted to do, or Dr. D. did do, than by giving them something else to think about and talk about.

The Quality and Measure of Zeal

THERE is a story told of a certain man who had always prided himself on his zeal in good works. One night he had a dream. He had died and was about to be rewarded for his activities while on earth. His "score" was being reckoned. He saw the angels take his zeal and weigh it. It was full weight—a hundred per cent, and he was pleased. But to his dismay he saw the angels continue this investigation of the zeal of which he had boasted. They analyzed it—submitted it to various tests. His contentment with himself was disturbed when he saw that it was made up of 22 parts of ambition, 25 parts of selfishness, and that pride, financial gain, love of power, of personal prestige and various other ingredients made up the greater portion of the remainder. "It is good to be zealously affected always in a good thing," but there is a zeal that is not according to knowledge, which is not backed up by common sense, and there is grave danger of the zeal being made up of very selfish ingredients.

The little story is not without its application in the nursing world, and those who are most zealous and at the same time determined to secure control of something or somebody, may wisely be asked to submit their zeal for testing, not according to quantity, but according to the quality of the ingredients and the motives behind this display of energy.

November

An' now the Ingin summer time, 'ith all its rest is here,
A piece of sweetmeat stuck between the slices of the year;
A sorter reign er jubilee 'twixt snow an' thunder showers—
A chunk er sweetness sandwiched in between the frost and flowers.

SAM WALTER FOSS.

The Hospital Review

The American Hospital Convention.

The convention of the American Hospital Association, which was held in St. Louis, Mo., in September, was conceded by those who attended it to be one of the most enjoyable and profitable the association has ever held. The attendance was not as large as it has been for the past three or four years, owing undoubtedly to the fact that hospital work is much less developed in the West and Southwest than in the Central and Eastern States, partly perhaps to the fact that the hospital people in the States adjacent to the convention city have not yet felt their personal responsibility for the support and promotion of the national association as they should. But what the convention lacked in numbers was more than compensated for by the unusual interest and value of the sessions, and the delightful spirit of cordiality and hospitality which was so marked.

Never have the local committee and friends provided for more unostentatious and wholly enjoyable social features. The association is under great obligation to Dr. Wayne Smith, superintendent of the Washington University Hospital, for his untiring efforts to make the St. Louis convention one of real pleasure as well as profit to all who attended. In his efforts he was ably supported by Miss Rogers, superintendent of the Jewish Hospital, and its medical staff and trustees; Miss Chambers, of St. Luke's Hospital, and the faculty of Washington University.

The social features included a trolley trip to the famous Anheuser-Busch brewery, where luncheon was served and an auto trip which included stops at the Jewish Hospital, St. Luke's and the Washington University. At the University, Chancellor David F. Houston and Mrs. Houston, Professor and Mrs. F. A. Hall and Professor and Mrs. F. W. Shipley were in the receiving line, and 5 o'clock tea was served on the piazzas of the British pavilion, of World's Fair fame, now the art school of the great university. To many of the visitors it was a surprise to find in St.

Louis a university of such size and wealth and promise, that it bids fair to stand in a few years in the first rank of American Universities.

On the convention programme more prominence than usual was given to the highly important subject of hospital construction. Dr. S. S. Goldwater presented a well-thought-out plan for the construction of ward buildings in crowded cities, which is certain to have its influence in future building under the conditions mentioned. Dr. Theodore C. Link and Dr. Wayne Smith presented valuable papers, illustrated by stereopticon views, dealing with hospital construction in St. Louis, a subject of tremendous importance in that city at the present time. The report of Mr. H. E. Webster, superintendent of Royal Victoria Hospital, Montreal, was one of the most comprehensive and interesting of all the reports on the general subject of hospital construction which have been presented.

The greater part of one morning session was given to the relation that exists, or should exist, between the hospital and charity organizations. Mr. W. H. McClain, manager of St. Louis Provident Association, and Mr. Bailey B. Burritt, secretary of the State Charities Aid Association of New York City, ably represented the Charity Organization interests.

Mr. Clarence Williams, president of the Board of the New England Deaconess Hospital, Boston, who is a specialist in hospital heating and ventilation, discussed the important, but rather dry, subjects of hospital heating and ventilation in a most interesting manner and in terms which did not require expert knowledge to understand. He held the attention of his audience from start to finish and seemed thoroughly at ease in replying to the rapid fire of questions which followed his paper.

One of the most important papers of the convention was the one on "The Training of Hospital Superintendents and Heads of Departments," by Dr. F. A. Washburn, superintendent of Massachusetts General Hospital,

Boston. His subject is one to which more and more consideration is certain to be given by the association in years to come. Dr. Washburn and Dr. Babcock, in establishing practical courses for the training of superintendents and heads of departments and showing how such courses may be given by large hospitals at very small cost to the pupil and to the hospital, are blazing a way which is certain to lead to greater efficiency in the hospitals of the future.

The subject of hospital accidents was ably dealt with by Miss Minnie Goodnow, superintendent of Bronson Hospital, Kalamazoo, who had been assisted in the preparation of her paper by Attorney Frank T. Lodge, of Detroit. Few papers that have ever been presented before the association have been received with more sincere appreciation and commendation than Miss Goodnow's.

The round table conference for superintendents of small hospitals provided the opportunity for brief discussion of a variety of practical subjects for which the women superintendents and representatives of the smaller hospitals have long wished. It is earnestly hoped that these round-table discussions may be made a part of each convention in the future. The following subjects were brought up for consideration and discussion, and for over two hours, without any formal written papers, free interchange of thought and experience prevailed:

GENERAL ADMINISTRATION.

1. The Desirability of Having Both Regular and Homeopathic Physicians on the Medical Staff of the Hospitals in Smaller Cities and Towns.

2. How Best to Arrange for Open-Air Treatment in Small Hospitals.

3. Can a Small Hospital be so Arranged as to be Self-Supporting or Nearly So?

4. How to Avoid Loss by Non-Payment of Bills.

5. Is It Possible to Arrange a Satisfactory System for a Department of Electro-Therapy and for X-Ray Work Without a Paid Specialist in Charge?

6. What Paid Workers and How Many Are Necessary in a Hospital of Thirty to Sixty Beds?

7. Should a Small Hospital Attempt to Keep Clinical Histories Beyond the Ordinary Nursing Records? If So, How Is It Best to Manage

This Work Where No Interns Is Employed?

8. Is a Medical Staff a Vital Necessity to the Small Hospital? Does a Staff Help or Hinder the Progress of Such a Hospital?

TRAINING SCHOOL.

1. How Best to Arrange for Instruction in Dietetics and Massage in Isolated Small Hospitals.

2. Divide Nursing Responsibility Versus Individual Responsibility in the Daily Care of Patients.

3. How Much Teaching Should the Superintendent of a Small Hospital Be Expected to Do?

4. Bad Class Work—Teacher or Pupil—and How to Guard Against It.

5. How to Increase the Supply of Desirable Probationers in Small Hospitals.

6. How Can We Better Prepare Our Nurses for Private Duty.

DOMESTIC.

1. What Sum Is Considered an Adequate Wage for the Head Laundress of a Fifty-bed Hospital?

2. How Best to Handle the Laundry so as to Prevent or Diminish Waste and Loss of Linen and to Keep Account of the Loss in a Small Hospital.

3. Should the Matron of a Small Hospital be Required to Take the Entire Charge of the Daily Cleaning of the Hospital, Preparation of Rooms for Patients, Etc.? What Responsibility Does She Usually Have Regarding the Serving of Meals and Removal of Trays?

4. Which Is the Most Needed in the Average Small Hospital—a Housekeeper or a Dietitian?

5. How Can the Supply of Competent Housekeepers be Increased?

Miss Emma A. Anderson, of the N. E. Baptist Hospital, Boston, and Miss C. A. Aikens, of Detroit, led the discussions.

The exhibit of non-commercial appliances invented, improved or arranged by hospital workers was one of the very attractive and useful features of the convention. As only seven weeks had elapsed from the time the president decided to attempt something in the line of an exhibit as a start for the exhibit idea, it was not possible for many who desired to contribute to arrange to do so. But the exhibit was voted by everybody a splendid success. A vote of thanks was tendered Miss Aikens for her efforts in arranging for it and to the contributors who made it pos-

sible. It was unanimously decided that an exhibit along similar lines should be provided for next year. Elsewhere in this issue a description of the exhibits will be found.

The report of the committee on the nursing of people of limited means was presented by Dr. Young, assistant superintendent of the Presbyterian Hospital, New York. A digest of the report will be presented in a future issue of this magazine.

Dr. W. L. Babcock, superintendent of Grace Hospital, Detroit, was elected president, and Dr. J. N. E. Brown, of Toronto, secretary of the association. Both of these gentlemen are well-deserving of any honor the American Hospital Association can bestow. Dr. Babcock's efforts during his three years as secretary have been largely instrumental for the splendid growth of the association during that time. Presidents have come and gone. He has patiently carried the increasing burden that falls to the secretary, and discharged the duties in a manner that has commanded the confidence of the entire American Hospital world. In its treasurer, also the association has great reason for gratitude, and the election of Mr. Asa Bacon, of the Presbyterian Hospital, Chicago, for the fourth term to that important office is a tribute to his quiet, faithful labor for the association.

Next year the convention meets in New York. Everybody expects it to be the biggest and best we have ever had. Dr. Howard, of Boston, made an able president, and without question much of the success of the splendid sessions of this year was due to his careful planning and competent leadership. New York City, the great hospital centre of America, has much to offer as attractions for hospital workers apart from the splendid programme of practical things that is sure to be provided. All who are interested in hospital work will do well to begin now to make their plans to attend.



The Women's Aid Association.

The Woman's Aid Associations of hospitals have it in their power to help hospitals in innumerable small ways which will greatly increase the general efficiency, if—and the “if” here is very large—there be at the head of that association or identified with it one or more women who have what is termed initiative. Executive ability may be defined as the ability to plan work for other people

to do, and to get them to do it. This is a quality which every hospital superintendent has—must have—to a greater or less extent, and her executive ability may well be applied to the work of the Women's Aid Association.

The report of the Hale Hospital Women's Aid Association shows that it has assumed a large part of the salary for a diet kitchen instructor, that it is paying for having all the mattresses needing it to be remade, shared the cost of the telephone, sent fruit and ice cream for holiday occasions, contributed money for the superintendent to buy presents for the Christmas tree, besides contributing quantities of sheets, pillow covers, gowns, bath robes and such necessities. There is every reason to believe that small hospitals that wish to improve their training by employing paid instructors for massage and dietetics could persuade the Women's Aid Associations to assume the cost of these instructors, in many cases, if the superintendent led the way and presented the needs squarely before them.

Needed culinary appliances could be secured from the same source that would make the trays much more attractive. Individual baking dishes, custard cups, aluminum covers for covering food on trays during transit from kitchen to patient, little covered soup bowls, individual moulds for lemon jelly and all such useful little appliances that make for refinement and better satisfaction in hospital food serving could be had for the asking, in most cases. The local dealers, perhaps, do not have all these things in stock, but they can be secured from dealers in institutional supplies in large cities.

Small ice-cutting machines for each floor that will obviate the necessity of nurses waking patients with the pounding of ice in the night would serve a useful purpose and could be had. Small ice cream freezers that would make it easy for the nurse on special duty to prepare special delicacies for her own patient would make it much easier to please fastidious patients, or those not so fastidious. General efficiency demands things to work with and wherever possible to make work easier, and in working toward a higher degree of efficiency, the Women's Aid Associations can become potent factors. Whether they always are or not is another question. They can hardly be blamed for inactivity or for not accomplishing much if the superintendent does not make her special needs and desires known.

New York Polyclinic Hospital.

The New York Polyclinic is to have a new building to cost \$500,000. Plans have been drawn for an eleven-story building with basement and sub-basement. The new building will be on Fiftieth street, near Ninth avenue.

The laundry, drug and store rooms will be in the basement and sub-basement. The first floor will contain a room for the visiting staff of doctors, the superintendent's room, visitors' waiting room, students' room, private patients' reception room, a large hall with stationary seats for waiting patients and a large room for the trustees of the hospital. On the second story will be the medical amphitheatre, four wards, examination rooms, X-ray room and skin laboratory; the third floor will be given over to the surgical amphitheatre, minor surgical operating room, four wards and a number of recovery rooms.

The mezzanine floor will contain rooms for the treatment of the ear, nose, throat and eye; the children's ward, maternity ward and museum will occupy the fourth floor; the fifth floor will contain sleeping rooms for the nurses and servants' dormitories; from the sixth to the eighth floor inclusive will be the private rooms; the ninth floor will have private operating rooms and wards; the tenth floor will be given over to the isolation wards, officers', nurses' and servants' dining rooms, and on the eleventh floor will be separate solariums for private patients, ward patients and for the children.

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Naval Hospital at Norfolk.

The new wings to the Naval Hospital at Norfolk, Va., are now completed, and the building is said to be about the finest hospital the United States Government has.

Two large wings have been added, one on each side of the original portico, and the hospital now has twelve wards of twenty-eight beds each, each ward equipped with two quiet rooms and diet kitchen. Its operating pavilion in the dome of the building consists of a main operating room, sterilizing room, wash room, anesthetic room, toilet and shower and needle bath rooms. There is nothing more modern in equipment or elaborate in all that pertains thereto, and marked simplicity of plan combines with a strikingly imposing appearance.

The installation of electric fixtures in the

new wings has occasioned considerable delay in the occupation of these additions.

Each ward will be presided over by a graduate female nurse, all of whom are under the direction of a chief nurse, and in addition the hospital has a corps of sixty male nurses. The furniture provided for each patient is a bed, clothes press, chair and writing table. Each ward is equipped with washroom, bathroom, linen room, toilet, and a clothes chute leading to the laundry in the basement. Telephones in each ward connect with the office of the doctor in charge.

The hospital cares for all the sick of the naval station, including the receiving ships, training station and the marine barracks. A great deal of surgical work is done, there being from six to eight major operations a week, most of them for hernia and appendicitis. Prevalence of the latter class of cases amounts almost to an epidemic.

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Notes and News.

The Syracuse Hospital for Women and Children enters on a new era of usefulness with the opening of its new laboratory, which is said to be equipped for general research work. The work of the laboratory will be under the direction of Halbert W. Steensland, chief of the Bacteriological Department of Syracuse University, and Dr. William A. Groat, of the Department of Chemistry. It is believed that the laboratory course to be given may be of great benefit in fitting men for municipal positions. Dr. Simon Flexner has named this hospital as the local depository for his anti-meningitis serum, so that physicians desiring it may be able to secure it without delay.

The Sisters of Mercy have purchased property in Omaha and are fitting it up as a hospital for women.

H. M. Kurtz has presented \$5,000 to the Clearfield (Pa.) Hospital to erect a nurses' home. Mr. Kurtz was a former patient in the hospital.

A Pittsburg dispatch states that owners of office buildings with 1,000 or more office occupants will equip a small emergency hospital in the building and have a trained nurse in charge. In the Oliver Building, owned by

United States Senator Oliver, the emergency hospital is already in operation.

A vigorous campaign among the Lutherans of Brooklyn and Manhattan is to be begun to secure \$150,000 for a new hospital to be located in Brownsville.

The Methodists of Peoria, Ill., will build a new \$50,000 hospital to replace the present structure.

The Philadelphia Jewish Sanatorium for Consumptives has completed plans for a children's pavilion at the farm in Eagleville, Pa. It is aimed to secure a considerable portion of the funds needed by the sale of a stamp, known as the Hebrew New Year Stamp. These little stickers are modelled after the familiar Red Cross Christmas Stamp. The Jews, it is said, are in the habit of exchanging cards with each other about the Fall holiday season, and they will be asked to affix the stamp this year for that purpose.

A roof garden for the care and treatment of ailing babies has been in operation the past Summer at Flower Hospital, New York.

The homeopathic physicians of Des Moines have begun a campaign for the raising of \$100,000 for hospital buildings. The present plan is to build the children's building first and later on to add other wings.

A Masonic Hospital at Louisville, Ky., to cost \$300,000 is being planned.

A county hospital, to cost in the neighborhood of \$100,000, is to be built by Salt Lake County.

A training school was opened in September in connection with the Helena (Ark.) Hospital. During the first year 109 patients were treated.

Mr. Henry M. Faxon is to present the Quincy City Hospital (Massachusetts) with a nurses' home, to cost approximately \$15,000.

A campaign for the establishment of a Pasteur institute or hospital in Indianapolis has been started. Dr. Wegner is the moving spirit and his proposition is to build the insti-

tute out of a fund to be established in the levying of an additional dog tax. The heads of forty-four dogs found to have had rabies have been examined at the laboratory of the State Board, and thirty-one persons have been bitten by the afflicted animals.

Extensive additions and improvements are being made to the Pittston (Pa.) Hospital. Plans for the accommodation of a larger number of private patients are being developed as rapidly as possible. Miss Cumming is the efficient superintendent, and under her management the institution has greatly prospered.

An emergency hospital has been established at Biloxi, Miss., with Miss Armstrong, a graduate nurse, in charge.

The new \$70,000 Eastman Building of the Hahnemann Hospital, Rochester, N. Y., will be opened this Fall.

The directors of the new Mercy Hospital, Altoona, Pa., have adopted the following schedule of rates: Wards, \$7 per week; semi-private rooms, two beds, \$10 per week; strictly private rooms, \$15 per week. Miss Virginia Walker is in charge, with Miss Rose Schampalas assistant.

A hospital to be known as the Rockingham Memorial Hospital, to cost \$30,000, will be built at Harrisonburg, Va.

Kalispell, Montana, is to have a \$40,000 hospital, operated by the Sisters of Mercy.

The Sisters of the Incarnate Word will erect a \$75,000 hospital at San Angelo, Texas.

The General Hospital, of Devil's Lake, has been incorporated.

Edward M. Sparrow, of Lansing, Mich., has made a gift of \$100,000 to that city to be used to erect a hospital.

The Anderson County Hospital, S. C., is now ready for occupancy. It cost \$40,000.

The Harry T. Howard Hospital is to be erected at Meridan, Miss., by the man whose name it bears.

In the Training School

CONDUCTED BY CHARLOTTE A. AIKENS.

Teaching Bacteriology in the Training School*

MARY E. REID.

In the past three years methods of teaching almost all subjects in our training school course have undergone changes, and I doubt not that methods of teaching the principles of bacteriology to nurses have also changed. Possibly, I may not have kept up with all these changes. Naturally, therefore, there must be many of you here present who could prepare and present a much better paper on this subject than can I, since you are all in active service, either in the training school or in private practice. While I have striven to be "up to date" in this most interesting and important branch of science, both as regards keeping in touch with new discoveries and new theories, as well as with what the best thinkers and writers along bacteriological lines consider the essential points to be taught, I have not concerned myself quite so much about new methods of presenting these essentials, but have left that to those of you who are still filling posts of duty in the training school.

I find, however, that many of our best teachers of the present day are still dividing the work of teaching bacteriology into three distinct sections:

FIRST.

Practical Teaching on the Floors, by the Superintendent of Nurses or the Head Nurse—covering dangers to be guarded against in every department of the hospital where bacteria may enter and gain a foothold. This teaching to begin when you receive within your doors a probationer and to end only, so far as you are concerned, when you bid her adieu at the end of her training school days, should you later on accept her as a pupil and should she finish the course.

SECOND.

Theoretical Teaching, from text books in class, supplemented by *Lectures*—your class

work to broaden practical every-day teaching—and covering:

History of Bacteria; Relation of Bacteria to Disease; Bacteria in Processes of Nature; Division of Bacteria into Classes, and Description of the Most Important Pathogenic Bacteria; Methods Whereby Bacteria Multiply; Invasion of Bacteria into the Human System; Dangers to be Guarded Against; Description of Saprophytic Bacteria (the friendly germs), and the Benefits to be Derived from These by the Human Family; Common Communicable Diseases; Their Cause and Method of Dissemination; Immunity and Its Divisions; Serum Therapy; How Serums are Procured and How and When Used; Theories of Ehrlich, of Metchnikoff and of Wright; Bacteria in the Surgical World, including Sepsis and Its Causes; Asepsis and Antisepsis; the Operating Room, Disinfection, Disinfectants, Fumigation, Solutions, Their Preparations and Uses, and so forth; The Nurses' Duties With Regard to Personal Hygienic Precautions Against Bacterial Invasion, this lesson to include Why Nurses Should Not Wear Uniform on the Street; Dangers Arising from Failure to Obey This Injunction; Explain When and Why Uniforms Were Devised; Value of Sunshine and Fresh Air as "First Aids" Against Bacterial Invasion as Well as Their Value as Disinfecting Agents; Explain Also the Value of Sunshine and Purity of Soul in Apposition to the Germs of Evil of Various Kinds Which Try to Gain an Entrance Into Our Lives and So Destroy Their Usefulness.

The lectures by the bacteriologist on the staff to enlarge upon and emphasize your class work.

THIRD.

Laboratory work under a good, sensible, enthusiastic pathologist or bacteriologist, if you are so fortunate as to have one on your staff,

*Read at the Fifth Annual Meeting of the West Virginia State Graduate Nurses' Association at Charleston. Contributed to THE TRAINED NURSE.

or in charge of your laboratory. This work to cover:

- (1) Care and use of the microscope.
- (2) Microscopic observation and examination of bacteria found in specimens of water taken from different sources of water supply, before and after sterilization.
- (3) Observation and examination of bacteria found in milk. Specimens to be gathered from different dairies and from the hospital supply.
- (4) Observation and examination of the bacteria, etc., found in dust from sweepings of hospital wards and rooms; from private home sweepings, and dust from the street.
- (5) Examination of hand cultures, cultures from rubber gloves, both before and after sterilization.
- (6) Examination of cultures from gauze dressings and sutures and suture material.
- (7) Cleansing and sterilizing tubes and other glassware used in laboratory work. Proper method of making cotton plugs and plugging test tubes.
- (8) Making of culture media. Technique of media inoculation. Plate preparation. Hanging drop preparation. Making preparations for staining bacteria—and their microscopical examination.
- (9) Microscopic observation of bacilli—Spore-forming species, *bacillus typhosus*, *bacillus tuberculosis*, *bacillus diphtheriae*.
- (10) Preparation and demonstration of a Widal test.
- (11) Observation of micrococci, staphylococci, streptococci, pneumococci, gonococci.
- (12) Observation of spirilla, spirilla of cholera, *spirocheta palliada* of syphilis.

These lessons to be subdivided, if necessary, and rearranged to suit your own particular class of nurses. Length of time to be devoted to each lesson, such as your judgment dictates.

You will agree with me, I feel sure, that the practical teaching should be presented as simply and as clearly as possible, yet at the same time it should cover the ground very thoroughly. The same rule holds good in our class work and in the laboratory.

In our everyday teaching on the floors, in the wards, at the bedside, and in every department throughout the hospital we must impress upon these young women that the study of bacteriology is a necessity at every step

of the way from the time they enter the hospital as probationers until they pass out again as full fledged nurses, and then away into the years beyond. To quote a statement of the patron saint of the nursing world, in Europe and America, Florence Nightingale, "the angel of the battlefield," "We must be students of this and every other branch of nursing always. It is a lifetime work and we never can know too much. This grand woman was a student until the day of her death—a few weeks ago, aged ninety years—even though she was, much of the time, an invalid, and for a number of years was confined to her bed.

More than ever was I impressed with this study thought a month or two ago, while listening to an address given by one of our city physicians to a graduating class of nurses: "Young ladies," he said, "do not think you 'know it all' because you have received your diplomas to-day. Keep on studying. What is good practice to-day may be obsolete five years hence." How true this is!

We must realize the importance of the study of bacteriology more and more, when we take into consideration that disease germs are about us everywhere; in the air we breathe; in the earth we tread beneath our feet; in the dust that floats in at our carefully screened windows and doors—when we know that a stray fly carries in thousands of germs attached to its hairy feet; that mosquitos, rats and mice and other household pests carry disease germs, and that even our pet cat or dog may bring them to us embedded in their coats of hair or fur—that disease germs in the air settle on the hands and faces and lurk beneath the finger nails of even the most cleanly.

Even before a probationer gets around to being a pupil nurse she has power to do infinite harm in her every-day duties in probationary capacity, because of her lack of knowledge on these very points. Therefore, take it for granted that she knows nothing and that she must be instructed, and begin your instructions at once. If she is never accepted as a pupil of your training school, the knowledge she has gained will not overburden her.

When you at first try to unfold the principles of bacteriology in your class work, do not forget that your pupil nurses are only

beginners. I shall always remember how dense the subject seemed to me in the early days of my training-school career, when there were no text books on bacteriology to be had and when our hospital superintendent and the lectures on this subject "talked over our heads." How we frowned over the notes we had attempted to gather and found them "worse than Greek" so far as our understanding them was concerned. Later on, what a boon it was when the Superintendent of Nurses came to the rescue and attended lectures with us. She smoothed out many of our difficulties by *more than once* blandly reminding the lecturer that we were "merely pupil nurses, and not fourth-year medical students." In after years, when I was privileged to take up this study again in post-graduate work, what a relief to sit under instruction of professors who made things so plain that he who ran might read and thereafter become enthusiastic students of the subject. These men are themselves enthusiasts, and whether the lecture was along historical lines and we were introduced to the old fellows who first discovered bacteria, or whether in laboratory demonstration or operating room technique, or in maternity work, or surgical nursing problems, we never for an instant lost interest. When we took our first lesson in the use of the microscope and learned of Leeuwenhoek, of Holland, and his work, away back in the 17th century, we were fairly made to see the old Dutch microscopist peering into unknown mysteries; then on to the year 1846-07 to the time of Semmelweis, of Hungary, and we in imagination watched him pace the maternity wards of that old, old general hospital in Vienna seeking to discover the cause of the existing awful mortality that wrung his very soul. In imagination we witnessed his enthusiasm when he had traced the trouble to the infection carried in on the hands of the medical students, who, after dissecting room work, came straightway to assist at births in these wards, often without thoroughly *washed hands*. We fancied his delight when through his efforts this cause no longer existed and the enormous death rate became a thing of the past; then how almost sad we became at the story of his death in an insane hospital, his malady due to grief over the cold reception the skeptical gave to his wonderful discovery—one of the most wonderful

ever proclaimed, before or since, namely, the cause of puerperal sepsis—a discovery for which every mother in the world, from that time up to the present day, has had reason to thank God.

And so we were led through the years, and on up to 1862, to the work of Louis Pasteur, of France, and, later, to the investigations of Robert Koch, of Germany, these men the real interpreters of bacteriological science as we are studying it to-day. Then followed the story of Lord Lister, of England, the "father of antiseptic surgery," through whose discovery, in 1875, sepsis lost its power.

Dangers from these unseen foes to life and health were made so clear to us, by object lessons, by illustrations, by practical work, by laboratory demonstrations, by bedside talks, by precept, by example, that it almost became second nature to look out for and never give quarter to these mischievous children of the plant kingdom.

When, later on, I became a teacher in training schools, with the exception of a chapter here and there in text-books on other subjects, we still had no text-book teaching on bacteriology for nurses (except in the last few years I taught, when I used my own compilation) and teaching the subject presented difficulties unknown to-day. In order to arrange lessons for class work one had to wade through "impossible" matter in text books written for physicians and medical students. It meant a great waste of time, to say the least, to go through so much material and cull therefrom and simplify for class work the lessons necessary for an intelligent, sane and sensible interpretation of the study. No easy task, either, as I am sure any of you who have been through the same difficulties, in by-gone years, must concede.

The work of supplementing class work by lectures on the subject by a member of the staff presented the same difficulties as in my own experience in early training-school days. It seemed difficult to find some one who knew just what to teach and what to omit, or to in the least simplify his language. After lecture the cry arose on all sides, "Dr. So and So's lecture was so filled with big words that we could not make head or tail of it, and won't you please explain?" Yet these men were always so good about trying to use

simple language when their attention was called to the nurses' difficulties!

The whole matter of teaching bacteriology to nurses seems to resolve itself into just this: Be alive to its necessity and be enthusiastic over the subject yourselves—then will you strive to make the lessons so simple and so instructive and so interesting that your pupils must of necessity become enthusiastic, too.

Every teacher of bacteriology, and every lecturer on this subject, as well as every other subject taught in our training schools, should themselves be students, and diligent students. Understand every inch of the ground you wish to cover in the lesson you attempt to teach. Sift it to the bottom. Encourage your pupils to ask you questions, and be prepared to answer them. In no other way can they gain a clearer view of what you wish to impress upon them.

One plan that has appealed to me in class work is that of reading over the text-book lesson with the pupils as part of the class exercise. Explain any difficult points as you go along and then ask for questions on anything not quite clear. After this closed books, and a memory test, this test to consist of a *short paper, written there in your presence*, covering briefly, and in their own words, what you have gone over and what they consider the most important points to be remembered. Collect the papers at the close of class, and take the trouble to read and correct them, and give them back to your pupils before you take up the next lesson. There is no better way to discover how much knowledge of what you have attempted to teach each has gained. Maps or charts illustrating the different forms of pathogenic bacteria are very valuable aids in class work.

Do not fail to attend the doctors' lectures with your nurses, if at all possible.

Lastly (and I am sure you are all glad), *Laboratory Work*. Unless you are an expert do not attempt the laboratory demonstrations (except the very simplest ones). Leave these to the pathologist or bacteriologist in charge of your laboratory.

If you have no laboratory, or its equipment is incomplete, these lessons should be taken up in some good hospital (containing proper equipment) with which it may be possible for your school to affiliate; or, the teaching under a bacteriologist may be taken up as post-

graduate work later on. Practical work, class teaching and the lecture course should go hand in hand, as a rule, but it is the consensus of opinion among the best teachers of the present day that the difficult laboratory work should be optional, not compulsory.

Go to the laboratory lessons with your class, as there is danger of their getting into too "deep water" there, also.

The simple exercises, such as examining under the microscope, dust and sweepings from rooms, nail scrapings, observation and examination of the various forms of bacteria and their sub-divisions, etc., are interesting and profitable to demonstrate yourselves.

One very interesting demonstration is the examination under the microscope of the common house fly. I do not know that any of you have had pupil nurses who, in spite of all rules to the contrary, would either take out window screens, or else push the window sash up several inches beyond the screen, if you have not screens over the entire window. Have a nurse catch just one fly that this act of thoughtlessness has let into your hospital ward, or room, and have the class examine it microscopically. What they discover ought to be an object lesson they will never forget. Turn the fly over on its back, and see what kind of feet it has. Each foot has an equipment of claws and pads, two pairs on each foot. Flies cling to rough surfaces by these pads, and to smooth surfaces by a combined action of both pads and claws. The pads are covered with thousands of tiny, sticky hairs to which everything adheres. From the time he ceases to be a grub the fly is hampered with sticky feet. He loves garbage piles and dirt heaps and all sorts of refuse which he finds about the premises of the uncleanly, and straight from these he comes in through the aperture between screen and sash. He has gathered up millions of disease germs from these unclean places on the thousands of hairs on his feet and he deposits them wheresoever he will. Watch him try to shake off this deadly load. If he cannot rub or shake it off he washes it off with his tongue, just as a cat washes her paws. This he swallows and, loaded to the utmost with a multitude of germs, it passes off as excreta. The ordinary house fly has come to be called "the typhoid fly." When the nurse learns this fact and imparts her

knowledge to the laity let us hope that each may profit by the lessons. Flies swallow typhoid bacilli in countless millions, while feeding on excreta and throw them off again in their own excreta in untold greater numbers than those they shake or rub from off their feet. They alight on food in your diet kitchen and deposit excreta there, or on the milk pitcher if you, indeed, manage to keep it out of the milk itself. Just think of this one thing alone!

Have you ever had pupil nurses take off their shoes, laden with dust and clay from the street and deposit them on their clean white beds, or place them on the mantle piece? One can scarcely credit such offenses as these, yet I can vouch for just such experiences, and many even more offensive, not only with pupil nurses, but—must I tell it—with graduate nurses, also. The time to begin to train this sort of woman is away back with her grandmother. Have a nurse scrape a speck of clay

from the heel of one of these shoes and have the class examine it microscopically. Surely they will learn from the lesson that street shoes, or any other shoes they have worn, are dangerous as well as unsightly and questionable mantlepiece or bed ornaments. Let them also glean from an examination of a little dust from the sweepings of the ward, or any other sweepings why it is that we continually din in their ears, "Dust and dirt mean danger."

When the pupil nurse accepts, through your teaching, the importance of these and other essentials, which she sometimes seems to think too trivial for consideration, the pathway of the Superintendent of Nurses and the Head Nurse will be smoother. I will not say "then will your nights be filled with music," because sounds heard at night in hospital work are not apt to be musical; but I will say that many of "the cares that infest the day will fold their tents like the Arabs and as silently steal away"

Florence Nightingale in Memoriam

Great pillar of light and love!
Torch-bearer of our Art,
Who hath nobly pointed us the way!
After thy glorious span of ninety years
Thou hast been called from out our midst.
Thy name has long since
Become a fireside legend
In every land that England owns.
And thy work has permeated
The entire earth from pole to pole.

Kings and Emperors, Queens and Princes
Have each one paid thee homage.
The Victorian Cross and merit orders,
Great favors of royal love,
Upon thee have been conferred.

And other gifts most precious!
But the gift which thou has valued most,
While yet the humblest of them all,
Is the eternal and loving gratitude
Of great and small of all the human race.

Thou hast followed the gallant soldier,
From thy peaceful fireside,
To the battlefield and distant camp fire—
Full well did England style thee
"The Angel of the Crimea."

Thou hast walked into the fever camp,
And with thy great shield of loving care,
Thou hast lifted the pall of darkness
From o'er the cot, and health and strength
returned,
Though ever the dread sword of death hung
near.

And to-day, as the whole world mourns for
thee,

Let us hope that thy followers,
In every clime, will turn in spirit
To offer up our solemn tribute
Of silent prayer, for thee in death.

WINIFRED A. O'HAGAN,

Book Reviews

Primer of Sanitation. By John W. Ritchie, Professor Biology, College of William and Mary, Virginia. Illustrated, cloth, 40c. For sale by Lakeside Publishing Company.

This little book, as its title page indicates, is a simple work on disease germs and how to fight them. It is written in simple, popular style, in a form suitable for study by public school pupils, and for general reading by the laity. The health problems of every section of the United States have been treated, and the author expresses the hope that the book may play some part in lessening the appalling economic and vital loss from preventable disease that is constantly sapping the nation's strength. The following subjects are discussed: The cells of the body; disease germs and how they get into the body; the struggle between the body and the germs; the skin; pus-forming bacteria; tetanus; the air passages and lungs; the importance of sanitation; the house fly; disease germs in food; disinfection; unhygienic habits; public sanitation; practical sanitation, etc. Besides these the common communicable diseases, such as influenza, whooping cough, tuberculosis, typhoid fever, diphtheria and pneumonia are discussed. Each chapter is followed by a list of important points to be remembered. To nurses whose work calls them into unsanitary homes, school nurses and visiting nurses, the book will be valuable because of the simplicity in which its teachings are given. To principals of training schools and head nurses it will be a help by calling to mind in concise form points often overlooked in teaching probationers. On the whole, the little book is one of the best of its kind which has come to our notice.

The Cause and Cure of Colds. By William S. Sadler, M. D., Professor of Physiologic Therapeutics the Post-Graduate Medical School of Chicago, Director of the Chicago Institute of Physiologic Therapeutics, Mem-

ber of the American Medical Association, etc. Price \$1.00, post paid. For sale by the Lakeside Publishing Company.

Professor Irving Fisher, in his report on "National Vitality," prepared for the National Conservation Commission, estimates that the average well man is compelled to lose about five days each year as the result of colds, headaches and other minor physical disorders. Besides the economic loss as the result of colds, medical men are now awakening to the fact that colds in the head, chronic catarrh, grippe, etc., are proving to be the forerunners in many cases of more severe maladies. It is the sincere desire of the author that this little book shall contribute something toward a sensible understanding of the cause of colds, aid in their prevention and materially assist in their successful management and treatment in accordance with rational rules and scientific principles. The book is illustrated with many drawings.

Health in the Home. A practical work on the promotion and preservation of health, with illustrated descriptions of Swedish gymnastic exercise for home and club practice, by E. Marguerite Lindley, Lecturer on Health Culture. New and revised edition. Price \$1.00. For sale by the Lakeside Publishing Company.

The title of this work is a good description of its contents, as well as of the range and scope of the book, and leaves little more to be said.

The author is a well-known lecturer on health subjects, and the book is a full and complete embodiment of her ideas absorbed, including the ideas of a list of important physicians to whom she acknowledges her indebtedness. It is printed in a clear and readable type, and is well illustrated. The work is to be highly recommended.

(Continued on page 348.)

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

Dr. MacEvitt's Advice.

To the Editor of The Trained Nurse:

In the September number of *The Trained Nurse*, on page 142, in the article by Dr. John C. MacEvitt, he gives nurses the following bit of advice under the title "The Responsibilities of Your Vacation": "Your first duty is to your patient. If you are certain that injurious effects will follow the literal following out of the doctor's instructions, modify them. Obedience to orders is admirable, but let it be intelligent in its performance * * * A nurse with three years' hospital experience knows some things which a doctor without such hospital experience lacks."

It is very magnanimous in the doctor to include the latter rather flattering statement in his article, but I would respectfully ask whether such advice is wise for either a nurse or doctor to give. The very thing which the doctor advises nurses to do—to modify the doctors' orders when, in the nurse's judgment, to carry out his orders would not be for the good of the patient—is one of the charges which the doctors in Pennsylvania, who are fighting registration, are making concerning registered nurses. It is an old charge which doctors have been making for forty years. There is nothing that could do more harm to nurses as a body than that they should get the view of themselves and their responsibilities that the writer seems to wish them to have. There are some things better left unsaid, and the remarks I have quoted would seem to have been among them. I consider it positively unwise for any doctor to tell young nurses that because they have been three years in a hospital they know more about some things than a doctor—even though this may possibly be true in some cases. It is a mooted question how far and when a nurse is at liberty to set her judgment before the doctor's, but the only safe rule to teach

nurses, it seems to me, is loyalty to the doctor's orders. Emergencies call for emergency management, and if the doctor had been speaking of emergencies I would not disagree with him. I should like to know what other nurses think of the quotation.

PENNSYLVANIA.

It is probable that Dr. MacEvitt had emergencies in mind when writing the quotation, though it is not so stated. In these days of easy telephone communication, it would seem that only a serious emergency would justify a nurse in setting her judgment before the doctor's without first consulting him. When she does so, she should report what she has done at the first opportunity. There is danger of blundering on both sides of carrying out the doctor's orders so literally that the patient will die as a result. For instance, a doctor who had been out late and indulging in the cup that cheers wrote an order for two grains of morphine to be given to a baby under two years old. The nurse who would carry out such an order, knowing that it was an overdose, and the general circumstances, would have been equally guilty with the doctor who wrote it. But such cases are unusual. On the other hand, there is danger in advising nurses to set the doctor's orders aside whenever they think best. Common sense is needed to steer clear of extremes at either point. We should advise nurses to communicate with the doctor, if at all possible, before changing or modifying his orders.

Ed.

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What Would You Have Done?

To the Editor of The Trained Nurse:

When reading an article on "War in Philadelphia Against Registration and Registered Nurses" in the June number of *THE TRAINED NURSE*, it brought to my mind a very interesting pneumonia case which I was called to take

care of late in February, where one of the physicians was decidedly prejudiced against trained nurses. Perhaps a few details of the case would interest many of my sister nurses who are readers of this magazine.

The call was a special one to me, and it was six miles out in the country on a farm. The family were evidently in good circumstances, but very ignorant. Upon arriving I found the patient had been seriously ill with pneumonia for five days and was in a very critical condition. Her heart was very weak, rapid, irregular and intermittent. Respiration was 45 to 50 per minute, and temperature ranging from 103 to 105. Both lungs were affected, and the patient had neither coughed or raised, or had inclination during this time. The hands, feet and face were badly cyanosed, also spots all over the body that were cyanotic.

The husband had tried to take care of her, which was very evident. The physician had urged to have a nurse before, but the family thought that it was not necessary. The husband did as well as any ignorant man could do. The patient, bed and room were very much in need of a nurse's attention.

I gave the patient my undivided attention for seventy-two hours, and in my eagerness to save her life, I neglected myself and the much needed rest. The physician asked me if I would like a nurse to help. I replied that I could stand it a few hours longer, as the patient then was not expected to live very much longer.

There was in the village, six miles away, a nurse just finishing on a case, and the physician sent for her. The husband also sent for another physician to come in consultation. He was a friend and doctor for some other member of the family. There was not much change in the patient's condition for three days after the second nurse came. After the patient did begin to show signs of improvement the second nurse was discharged on account of so much expense. I took charge of the case alone again, and the patient continued improving slowly, but not as rapidly as the husband thought she ought to, so, after several days, he called the same physician in consultation again. The pulse was at that time 112 to 116 and respiration was down to 22 to 26, the temperature ranging from 99 to 101, and the patient was taking a glass of milk or an egg

nog every two hours regularly. After the second physician examined her and the charts, he said that he could not see any improvement whatever, which was untrue. The husband, being discouraged, gave the case to the physician whom he called in consultation, and discharged the first one. I had tried to impress on the husband's mind how his wife's condition had improved, but he failed to see it, so I gave up in despair and said no more on the subject. However, the next time the new physician came, I detected a strong odor of whiskey about him and knew that he had been drinking.

He immediately ordered me to apply a Spanish fly blister over the chest, more particularly over the lower lobes of the lungs, and after removing to apply a raw cabbage leaf over blisters. I was amazed at such treatment, but I did as he ordered, except putting on the cabbage leaf, as there was none available in the neighborhood, so a flaxseed poultice took its place.

This physician, if I must call him such, was not in favor of hypodermics, and the patient's medicine had been given that way entirely, as her stomach would not retain any medicine whatever, except whiskey. He immediately ordered her heart stimulants, which were at that time strychnine and digitalin, to be given by mouth. After she had taken the second dose she vomited, but he was positive that the medicine did not cause the vomiting, and I said that we had tried giving it by mouth before and that she vomited it up every time, so we had to give it hypodermically. Of course he did not wish to do as we had been doing, so he insisted that it be given by mouth, consequently vomiting continued. He then ordered hard cider to settle her stomach, and this made matters worse. Again I thought he was crazy, and as I saw that the patient was making no headway under such treatment, and I was so disgusted with the physician, for every time that he appeared he had been drinking, I gave up the case. They then procured the services of a domestic nurse, and she went away just a few days before the patient died.

This physician was decidedly prejudiced against trained nurses, and a few days before I left he was discussing trained nurses with the physician who had charge of the case at first, and he said that in his experience he

found that in cases of almost any kind that a good practical woman knew more about taking care of a patient and proved more satisfactory than a trained nurse. The other doctor replied that that had not been his experience.

I learned afterward that the patient vomited continually up until the last of her life, and the end came April 26, 1910. She died in convulsions caused by some one of the family giving her some pills to quiet her, guessing that they were morphine. At the last hours they called this physician, but he said he would not come, as he could do no good.

I felt perfectly justified in leaving the case, for I could not do differently, and I thought that was the easiest way out of the difficulty.

A friend, who was interested in the case, went to the trouble of investigating this doctor's practice, and found that he was a man who dissipated, and had very little practice.

I presume to say that many nurses have had similar experiences with physicians, and their treatment of cases, but I never heard of such peculiar remedies as this one prescribed.

G. M. B.

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Nurses As Dietitians.

To the Editor of The Trained Nurse:

Never having seen an answer to an article in the 1909 December number of the *TRAINED NURSE AND HOSPITAL REVIEW* entitled "Nurses as Dietitians," I venture, as a nurse, to try to give a few words on the subject. However, I think the question is practically answered at the close of the article, "Because it neither brings prestige, or pay;" that is, the pay of an average superintendent in a hospital.

My experience has been in the main, that food values, even by so called teachers of Dietetics and in text books on the subject, have not been sufficiently taught, or impressed on the mind of the student. And what effort has been made has perhaps not been sufficiently appreciated by the pupil, employer, or the patient.

Dr. Thomas, of Philadelphia, has said, "Women are poor cooks. Why? Because they give you what you like to eat, and not what you ought to have."

Most nurses are not interested in the diet kitchen. Many more having but recently emerged from the precinct of a kitchen, radically object

to such an environment or a return to its duties. Just why it is that women so strenuously object to the "fine art" of cooking, is not known. I believe, however, the answer could be found in the fact that the average woman who cooks for any one, other than her own people, be she a lady by birth, education or deportment, is looked upon as the lowest menial in the establishment. The French people, purported to be the best cooks in the world, are proud of being called chef. An American, or his amalgamation, would, as a rule, rather starve than be called a cook after a few months spent in other occupations, much more menial.

Who will strive to elevate the occupation? It must imply, of course, that the chemistry of food must be properly understood, and applied. This knowledge ought to be fully equal to any chemistry that an ordinary nurse is expected to use in her practice, either in a hospital or in private practice. A diet kitchen, properly conducted is a laboratory. If we called it such, and made a hospital rule that the operator therein should be called a dietitian, and treated with as much courtesy as a superintendent of any other department, the problem, I think, would be solved, and the ranks crowded with applicants for positions.

AN OLD NURSE.

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Miss Nelsen's Article.

To the Editor of The Trained Nurse:

I was much interested in the discussion of Miss Nelsen's article, "A Typhoid Case in the Country," especially that part bearing on the financial consideration. It seems that the family in question was situated financially so it could, and should, have paid the full amount of the bill. Such weeks as Miss Nelsen describes take the life and strength out of a nurse, and if she is ill or financially embarrassed none of the middle classes that we hear so much about, or any one else for that matter, comes to her aid. At least I never heard of it. Any one to whom a nurse is indebted expects remuneration for services, and justly so. Why then should nurses be expected to give their services for comparatively nothing. Perhaps I have not the right ideas, but can see it in no other light as yet.

A HELENA NURSE.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

Spanish-American War Nurses.

The eleventh annual convention of the Spanish-American War Nurses was held at Atlantic City, N. J., September 20, 21 and 22. Owing to an alleged breach of contract on the part of the Hotel Chalfonte which had been selected as headquarters, it was necessary to make a change at almost the last moment, when the Hotel Westmont was selected for this purpose.

The convention opened on the evening of the 20th, with an address by the President, Mrs. George Lounsbury, which will be found in this issue. This was followed by an informal reception, after which refreshments were served through the courtesy of the Hotel Westmont.

At the business sessions the reports of the officers and chairmen of committees were full of interest. The Treasurer's report showed the finances on a firm basis and in a flourishing condition. It was voted to discontinue the Benefit Fund as a separate fund. This does not mean that there will be no further benefits paid, but the action was made necessary in order to conform with the articles of incorporation. This will also allow the society to use any surplus of income over expenditures for benefit purposes when this seems desirable. Owing to the fact that all members had been notified that if they were suffering from any disability as the result of their services in the Spanish-American War, to make application for a pension, and that those who had made application for such had been granted special pensions, it was not considered necessary to continue the Pension Committee, and it was voted to discontinue it.

It was moved and seconded and the motion carried that the society express its respectful appreciation and thanks to General Torney, S. G. of the Army, for his having obtained increased pay and recognition of rank for the Army Nurse Corps. Speaking to the motion, Dr. McGee explained that the Army Nurse

Corps was fortunate in having as Surgeon General the army surgeon who was the first to propose and ask for women nurses in his hospital (the ship Relief), which he did in April, 1898, before the war with Spain was declared. Also that when he accepted the position of Surgeon General, he had planned to do much for the Nurse Corps, and had told Dr. McGee of his intention nearly eighteen months ago. Besides obtaining legal increase of pay, etc., he had obtained for the nurses commutation of quarters, the same as for a lieutenant.

Letters of greeting were read from absent members in all parts of the United States, from Canada, Cuba, Philippine Islands, and from foreign mission fields.

The following officers were re-elected: Mrs. Lounsbury, president; Mrs. Epps, recording secretary; Miss Harroun, corresponding secretary, and Miss Charlton, treasurer. The following vice-presidents were elected. Miss Jackson, Mrs. Ludlow, Miss McCloud, Miss Hibbard, Mrs. Clark, Miss Wilson, Miss Higgins, Miss Jones, Miss Hall and Miss Dix.

Among the social features were the banquet at the Hotel Westmont, a tea at the home of Miss Nesbitt, a chair ride on the Board Walk and Seeing Atlantic City. The management of the Hotel Westmont also extended many courtesies to the visiting nurses, which were entirely complimentary. Many voted this convention the most enjoyable yet held. The next meeting place will be Oklahoma City.

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Changes in the Nurse Corps of the United States Navy.

APPOINTMENTS:

Anne D. Cockerille, Providence Hospital, Washington, D. C.; Anna A. Wayland, Children's and Columbia Hospital, Washington, D. C.; Catherine Cadden, Medico Chirurgical Hospital, Philadelphia, Pa.; Peron E. Jennings, Columbia and Children's Hospital Washington, D. C., late superintendent of the



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Recognized, recommended and endorsed by leading medical authorities: — for Marasmus, Infantile Diarrhoeas, Inanition, Typhoid Fever, Dysentery, Gastritis, Gastric Ulcer, Pneumonia, Dyspepsia, post-operative convalescence, etc., etc.

Prepared with fresh milk — has much to commend it in place of peptonized milk.

Full information to those interested, from

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— **IN 1898** —

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reported that "the preparation fulfills ALL the requirements and presents ALL the conditions of a very satisfactory emulsion. In appearance and consistency it is not unlike cream and under the microscope the fat globules are seen to be of perfectly regular size and uniformly distributed. So well has the oil been emulsified that even when shaken with water the fat is slow to separate. The taste is decidedly unobjectionable and the Emulsion should prove an excellent food as well as a tonic."

We believe no other preparation of Cod Liver Oil has received such weighty commendation and if the same high authorities were to examine it now they would find it even finer, more digestible, more palatable and more satisfactory in every way.

SCOTT & BOWNE, - Bloomfield, N. J.

Children's Hospital and Training School of Washington.

ESTHER V. HASSON,
Supt. Nurse Corps, U. S. N.

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Changes in Army Nurse Corps.

APPOINTMENTS.

M. Estelle Hine, graduate of the Northwestern Hospital, Minneapolis, Minn.; re-appointed October 14 and assigned to duty in the Attending Surgeon's office, Washington, D. C.

DISCHARGES.

Gertrude B. Gilstrap and Louise H. Gutberlet, Manila, P. I., Oct. 10.

TRANSFERS.

From Washington, D. C., to San Francisco, Cal., Matilda A. Romeo; from Fort Bayard, N. Mex., to San Francisco, Cal., Mary E. Craig; from Division Hospital, Manila, P. I., to San Francisco, Cal., Junia Hattie Latimer; from San Francisco to Fort Bayard, Ella B. King; from San Francisco to Manila, P. I., on Sherman, October 5, Mary F. McLaughlin and Emma Woods.

JANE A. DELANO,
Superintendent Army Nurse Corps.

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Massachusetts.

The graduation exercises of the Class of 1910 of the Waltham Training School for Nurses were held in Maynard Hall, Waltham, on the evening of September 29, at 8 o'clock. The opening prayer was made by the Rev. Francis E. Webster, after which Dr. Worcester spoke a few words of welcome. He went on to say how much more fitting it was upon such an occasion to have the address delivered by a nurse, especially a graduate of the school, than by a doctor, minister or lawyer, as is usually the case, and introduced as the first speaker Miss Amette Fiske, of the Class of 1903.

Miss Fiske's talk was meant, as she said, to try to express what the training in such a school should mean to those who take it and to give some advice suggested by her own nursing experience. She spoke of the high ideals inculcated by the school and the important training in character given there, entailing the duty of unfailing loyalty, of the duty of cheerfulness and optimism, of the influence of one life upon another and the effect of a nurse's conduct upon all other nurses, and she closed with an expression of her own realization of how much she owed to her course at the school.

After some singing by Mrs. Eloi Lamont, Dr. Allan Greenwood was introduced by Dr. Worcester and spoke upon the educational influence of the nurse. His first point seldom receives so much emphasis, but is most interesting and significant. It was the great influence exerted by the nurse upon the future character and life of the little babies she cares for, not only through the habits she teaches them, but through what she teaches the mothers. He then spoke of her opportunities for educating children and parents in her work as district nurse, tuberculosis nurse and school nurse.

When Dr. Greenwood had finished, diplomas and medals were presented to the following members of the graduating class by the principal of the school: Miss Beatrice de Veber, Emma L. Berry, Daisy M. Connor, Mary E. Gill, Iva H. Holland, Margaret B. Howell, Leone N. Ivers, Grace B. Kendall, Mary Loud, Doris Macomber, Rachel A. Mackintosh, Edith L. Mott, Ethel B. Rich, Grace Van Wagenen, Clara F. Wright.

In closing Dr. Worcester expressed his regret that Father Brosnahan was unable to be present and requested the Rev. Mr. Webster to give the benediction.

A reception with refreshments followed and the evening closed with a dance.

The Nurses' Alumnae Association of St. John's Hospital, Lowell, held its regular quarterly meeting at the hospital on October 3. The meeting was called to order by the president. Rev. Lawrence F. Tighe, O. M. I., gave the benediction and addressed the nurses in the classroom. The principal business of the day was the election of officers and the following were elected for the ensuing year: President, Miss Hanna Quigley; vice-president, Miss Mary Ryan; treasurer, Miss Jennie McKinley; secretary, Miss Mary F. Sullivan; sick committee, Miss Anna Nash and Miss Jennie McKinley.

It was decided to hold a sale December 3 for the benefit of the proposed endowed room.

A paper on "The Infant" was prepared by Miss Alice MacLaughlin and read by Miss Quigley.

Mrs. Dita H. Kenney, for nine years superintendent of the Army Nurse Corps, after a much needed rest, has again taken up

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can be found
In woman, than to study
household good- Milton.*



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active work, and has accepted the position of superintendent of the Addison Gilbert Hospital, Gloucester, Mass.

Miss Laura Nye and Miss Mary Murray, of the Clinton Hospital Training School, are seriously ill with typhoid fever, supposed to have been contracted from a patient.

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Connecticut.

After the business meeting of the Alumnae Association of the Connecticut Training School, New Haven, held October 6, 1910, the reports of the chairmen of different booths, also report of the committee on the progress of the work for the fair to be held November 9-10 for the benefit of the endowment fund were heard. From the reports we found that all are busy and with promise of good success. Over one thousand tickets having been already disposed of, we are hoping to hear from those of our own number too far away to attend the fair. We have been promised dolls dressed in the uniform of the nurses from different hospitals and appreciate the courtesy and prompt response to our appeal. We hope to receive your order for our cook book, the only original nurses' cook book of Connecticut. All orders for calendar or cook book, as well as all articles, to be sent to Mrs. J. R. Marsh, 856 Howard avenue.

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New York.

The New York State Nurses' Association held its Ninth Annual Convention October 18 to 20, at the Hotel Seneca, Rochester, N. Y.

The New York County Nurses' Association held its regular quarterly meeting on Tuesday, October 4, at the Nurses' Club, 52 and 54 East Thirty-fourth street.

The Registered Nurses' Club of Schenectady has taken up visiting nurse work. Miss Anna Magee, vice-president of the club, is in charge of the work.

The officers and members of the District Nursing Association of Buffalo and those who assisted in the tag day work of raising funds for the association met recently in the

Women's Union Building to hear the detailed reports of the tag day collections and to discuss the plans of the association.

President Mary E. Lewis presided. She recited the good being accomplished by the seventeen nurses of the association. Miss Lewis told of the West Utica street settlement house for children from homes where there is consumption. The property was placed at the disposal of the association by John D. Larkin. The children have been gardening there all Summer.

The association plans to use the West Utica street house as a recuperating place for poor persons just recovering from illness.

Miss Mabel Jacques, who has had charge of the Buffalo tuberculosis work, and who has been incapacitated for six months on account of a serious accident, returned to her work October 1.

On Saturday afternoon, October 15, the Brooklyn Red Cross Nurses visited the Hospital ship Solace at the Brooklyn Navy Yard.

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Pennsylvania.

Graduating exercises of the Training School for Nurses of Mercy Hospital, Pittsburgh, were conducted on Wednesday evening, September 28, 1910, in the clinic amphitheatre of the hospital. Attorney John E. Laughlin addressed the class of 1910, and Dr. I. J. Moyer made the presentation address and distributed the diplomas. Sister M. Etheldreda, directress of nurses, presented the medals. Pittsburg College Orchestra furnished music for the evening. Rev. Dr. Thomas F. Coakley, assistant at St. Paul's Cathedral, made an address to the graduating class.

Graduates are: Misses Agnes Regina Holzen, Nellie Elizabeth Geary, Frances Genevieve Finnell, Elizabeth Anna Diebold, Jane Margaret Moran, Grace Margaret Caulfield, Ruth M. Cathers, Josephine Bernice Washburn, Agnes Kearns and Bertha Mabel Ward.

Mercy Hospital Alumnae Association gave the graduating class a reception and dance at Melwood Auditorium on Wednesday evening, October 5, 1910. The auditorium was beautifully decorated with palms and flowers and the class colors, light blue and white.

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THAT'S ENOUGH

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The McKeesport Hospital Training School held its annual commencement on the evening of September 29, in the hospital. Addresses were given to the seven graduates by Hon. J. J. Miller, Dr. H. S. Arthur and Mr. E. P. Douglass, who presented the diplomas and school pins. An informal reception followed.

The twenty-fourth annual council of the Guild of St. Barnabas for Nurses was held on Oct. 3 and 4, under the auspices of the Pittsburgh branch of the Guild. The opening services in St. Peter's Church were on Monday evening, when the sermon was preached by Rev. L. G. Morris, of Los Angeles. The business sessions were held on Tuesday in the parish house of the Church of the Ascension, from 10 to 5 o'clock, with an intermission for luncheon. Dr. Theodore Diller made an address in the afternoon. On Monday afternoon there was a reception at the residence of Bishop Cortlandt Whitehead, who is chaplain general of the Guild. At the close of the business sessions on Tuesday there was an automobile ride through the parks. Bishop Cortlandt Whitehead, who for the past twenty-four years has been chaplain general, was re-elected. Others elected were Secretary General, Mrs. William Howe, of New Jersey; General Treasurer, Mrs. Arthur Van Harlingen, of Philadelphia, Pa.

Miss Jessie L. Greene will retire as superintendent of the Memorial Hospital, Johnstown, Pa., Nov. 1, and will spend the remainder of the winter with relatives in Fayette, Allegheny and Clearfield counties and in distant states, thus severing relations with the institution whose position in the state was largely established through her wise supervision.

For over sixteen years she has been connected with the Memorial, and during her service the hospital has more than doubled its work and has sent scores of thoroughly trained professional nurses out to aid the weak and afflicted, and through their labors add luster to the hospital in which they received their training.

The regular meeting of the Alumnae Association of Mercy Hospital, Pittsburgh, was held on Thursday evening, September 29th,

in the lecture room of the hospital. A large number of the sisters and nurses were present at the meeting. Mr. Little, of the Associated Charities of Pittsburg, gave a very interesting lecture on how the poor of the city were taken care of by the different associations and organizations. After the lecture the minutes and reports of the last meeting were read and accepted. New members were elected to membership in the association. The meeting adjourned to meet the last Thursday in December.

At a special meeting of the Nurses' Alumnae Association of the Jewish Maternity Hospital, held August 19th, 1910, at the hospital, No. 534 Spruce street, Philadelphia, the following tribute to the memory of Mrs. Nathan I. Fox was unanimously adopted and ordered spread upon a separate page of the records of the association:

"The Nurses' Alumnae Association of the Jewish Maternity Hospital of Philadelphia mourns the death in Chicago, Ill., of Mrs. Nathan I. Fox (nee Anna S. Palis), a graduate of the class of 1902, and a member of the association since its organization. Our lamented sister nurse was always active in the work of the alumnae while in Philadelphia, performing the duties assigned to her with ardor and fidelity. And it was due to her modesty and reserve that the association was not made aware of her serious illness. The shock of her early death comes therefore to the members with greater force, and as we mourn her loss deeply we enter more fully into the grief of her dear husband and family, and extend to them our deepest sympathy and condolence. God give them solace in their sorrow and grant unto her peaceful rest in the land of the great beyond.

Resolved, That a copy of these resolutions be presented to Dr. Nathan I. Fox and to the parents of our deceased sister, and published in the eighth annual report of the association and that copies be sent to the American Journal of Nursing, Quarterly and THE TRAINED NURSE AND HOSPITAL REVIEW.

Resolved, That a perpetual wreath be placed upon the grave of our deceased sister as a remembrance from the Nurses' Alumnae Association of the Jewish Maternity Hospital.

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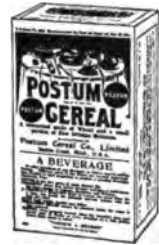
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This is of interest to the physician because of his wide range of intercourse among the people whose life and health he is set apart to conserve in every way within his power. It is of interest, also, because the habitual use of caffeine in a beverage so weakens the organs (by inevitable reaction) on which it acts specifically—heart, kidneys, brain, and nerves—as to be cause for pathological consideration.

In other words, the “caffeine-soaked” nervous system is not in a normal condition nor is such an individual in condition favorable to react therapeutically, or with certainty, where other drugs are administered.

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used regularly, in place of coffee or tea, is the “way out” for the doctor and the patient.



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West Virginia.

The fifth annual meeting of the West Virginia State Nurses' Association was held at Charleston September 6th, 7th and 8th. On September 6th the superintendents of training schools held a meeting at which the report of the American Hospital Association on Training Schools was discussed. This meeting was open for all nurses, but only the superintendents were expected to take part in the discussions. Other topics discussed were the proper age for a probationer, the entrance examination, first year's studies, and in this connection Miss C. A. Aiken's book was highly recommended. A motion was carried that any superintendent expelling a pupil nurse for immorality, unfaithfulness or any gross fault should inform the president, who should send the name and offense of such pupil to the other superintendents of West Virginia for their protection. In regard to private nursing by undergraduates, the meeting went on record as deprecating this custom, except for such patients who could not pay for graduates, such nursing never to be done except in the pupils' third year.

At the meetings of the nurses the papers read were of more than usual excellence. They were: "The Anti-Tuberculosis Movement in Charleston," Miss Slike; "Some Phases of Private Nursing," Mrs. Mary G. Carpenter; "The Teaching of Bacteriology," Miss Mary E. Reid; "Ophthalmia Neonatorum," Dr. Vincent Churchman. The officers elected were: President, Mrs. George Lounsbury; vice-presidents, Mrs. Mary Carpenter, Miss Emma Vernon, Miss Evelyn Walker, Miss Mary Gaule; secretary, Mrs. M. J. Steele; treasurer, Miss Loretto McGrail.



Indiana.

The State Society of Superintendents of Training Schools held its annual meeting in the reception rooms of the Protestant Deaconess Hospital, Indianapolis, October 3d, Miss Florence Martin of the City Hospital presiding.

The Indiana State Nurses' Association held its eighth annual meeting in the Y. W. C. A. Building, Indianapolis, October 4th and 5th. Among the papers of interest which were presented were: "The Nurse in Obstetrics," "The Role of the Trained Nurse in Modern

Gynecology," "The Nurse in the Free Dispensary," "The Nurse in Tuberculosis Sanitaria," "The Nurse in the Pure Milk Commission," "The Nurse in Public Parks and Playgrounds," and "The Nurse in College Residence."

The Indiana State Board of Examiners of Nurses will hold an examination on Wednesday and Thursday, Nov. 16th and 17th, at the State House, Indianapolis.



Minnesota.

The Minnesota State Nurses' Association held its annual meeting at St. Paul, October 11th.

The annual meeting of the Hennepin County Graduate Nurses' Association, Minneapolis, was held September 14th, at the office of the Nurses' Registry. The Registrar, Dr. Marion A. Mead, gave a very interesting report. The total calls for nurses in the year were 2,185.

The Ramsey County Graduate Nurses' Association held its first regular business meeting following the Summer vacation at the home of Miss Mary Wood. The newly elected president, Miss Anna Nallough, was in the chair, and the session was given over entirely to business discussion.

St. Luke's Hospital, Duluth, graduated a class of nurses September 25th. The following received diplomas: The Misses Margaret Dundas, Ethel Alexander, Emma Anderson, Elma Van Every, Mary H. Dryden, Beatrice Cox, and Elizabeth Heikkela.



Michigan.

The Supreme Court has ruled that Miss Alfreda Gilchrist is not properly qualified under the terms of the nurses' registration act to serve on the Board of Examiners. Miss Gilchrist was appointed by Governor Warner. Her appointment was contested by the Nurses' Association, and was carried to the courts.

Butterworth Hospital, Grand Rapids, graduated a class of ten nurses on the evening of September 21st. They are: Miss Ethel Bowen, Miss Permelia Russell, Miss Jean Donahue, Miss Alvina Buher, Miss Petronalla M. Jongejan, Miss Ella Cantz,

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Miss L. Laura Nott, Miss Sara B. McCallum, Miss Elizabeth L. Sherk and Miss Susie A. Brown.

The Michigan State Board of Registration of Nurses will hold a meeting for the registration and examination of applicants December 1st and 2d, 1910, at Lansing.

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Kansas.

The Harrison Hospital of Chanute, which was established in 1906 by two nurses, Miss Harrison and Miss Chapple, moved into larger and better quarters September 1, 1910. They now occupy a sixteen-room house, partially built for a hospital, and equipped with a hot water heating plant. Though not an entirely up-to-date hospital building, it is quite conveniently equipped and excellent success has attended the work. Three hundred and sixty-five patients have been cared for, 110 in the last year and sixty-six in the last six months. The nurses feel that their pioneer work has not been in vain.

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California.

Miss Theresa Ericksen, a graduate of the Northwestern Hospital, Minneapolis, Minn., has been appointed superintendent of the St. Caroline Sanitarium, at Redding, Shasta County. Miss Ericksen has a staff of three graduate nurses. The sanitarium is a thoroughly modern, well equipped building, concrete throughout, and very attractive, being built on the old mission style, the details of which have been carried out even to the furnishings, except in the operating and sterilizing rooms.

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Birth.

A son to Mr. and Mrs. Jesse Hubbard, Sioux City, Iowa. Mrs. Hubbard was formerly Miss Bucknam, a graduate of the Chicago Hospital.

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Married.

Miss Emma L. Carey, a graduate of the Vassar Brothers' Hospital Training School, of Poughkeepsie, N. Y., has recently quit the nursing profession and taken up the duties of housekeeper. On Aug. 3, at Westmoar, Pa., Miss Carey was united in marriage to Mr. Edward L. Schrauth, by the Rev. W. J. Day, of the Luzerne Presbyterian Church. The

bridal party entered the parlor to the strains of Lohengrin's Wedding March, played by Miss W. B. Berry, of Forty Fort. "Oh, Promise Me," was rendered during the ceremony. The bride was attended by her sister, Miss J. Agatha Carey, as bridesmaid, and Miss A. Luchia as maid of honor. The groom's best man was George G. Kramer, of Westmoar. The bride was given away by her mother, and was attired in ivory white satin trimmed with lace and crystal. Her maids were attired in blue liberty satin. The groom's gift to his bride was a diamond crescent brooch, it being the only piece of jewelry worn by the bride. The bride was a member of the class of 1902, and has successfully followed her profession in Poughkeepsie for the past ten and one-half years. Mr. Schrauth is the senior member of the famous J. Schrauth's Sons, of Poughkeepsie, N. Y., and a well-known business man. After a wedding trip of six weeks Mr. and Mrs. Schrauth returned to a furnished house, and will be at home to their many friends after Oct. 1. Mrs. Schrauth has many friends who join in wishing her and her husband much joy and a long wedded life.

At the home of the bride's parents, in Ossian, Iowa, Sept. 21, Miss Floy Gilbert, to Dr. Will Bryan, late of the nursing and medical staff of the Clarinda State Hospital, Iowa. Both Dr. and Mrs. Bryan have resigned their positions, and will be at home to friends at Creston, Iowa.

Miss Mary M. Wilson, of Centerville, Md., a graduate of the Presbyterian Hospital, Philadelphia, was married, Sept. 7, to Dr. Jacob W. Bird.

At Clayton, Mo., Sept. 12, Miss Gertrude E. Lowery to Mr. George F. Horn.

At Pittston, Pa., Oct. 1, Miss Ida Henschall to Mr. Charles Forstrom. Mr. and Mrs. Forstrom will reside in Scranton.

Miss Stella Phelan, of Elkader, Iowa, graduate of Mercy Hospital, Dubuque, to Mr. Martin C. Meehan, of East Waterloo, Iowa.

Miss Margaret Arkley, of Barre, Vt., to Mr. Thomas Kennedy, of Putnamsville.

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with its fermentation, nausea, pain, distress and other disagreeable symptoms, is rapidly and often permanently relieved by the use of

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and this not infrequently when other remedies have proven unavailing. The reason is easily found in the general reconstructive and upbuilding influence of this effective tonic. In other words, it overcomes local conditions not only by directly promoting the functional activity of special organs and tissues, but also through substantially increasing general bodily vitality.

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On Sept. 22, Miss Edith M. Bailey, of Rome, graduate of St. Luke's Hospital, Utica, to Mr. Albert F. Kessler, of Utica.

On Thursday, Oct. 6, Miss Lela Johnson to Rev. Elsworth Morgan, at Brownsville, Texas.

On Sept. 14, at St. Ignatius Church, Dubuque, Iowa, Miss Rose Gneinder, of Spokane, to Mr. Mathew J. Nolan, of Lamont, Iowa.

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Personal.

Miss Della Weeks, a well-known army nurse, of Des Moines, Iowa, who was connected with the Fifty-first Iowa Regiment during the Spanish-American War, accompanied the Iowa G. A. R. veterans to the National Encampment at Atlantic City, acting as chief nurse to the staff of the Department Commander and caring for the sick who might need her services among the comrades and ladies of the Relief Corps on the trip and while at the encampment.

Miss Rachel Rourke, of Philadelphia, Pa., has accepted the position of superintendent of the Anderson County Hospital, Columbia, S. C.

Miss Leila V. Jones, for some time superintendent of nurses at Roper Hospital and Riverside Infirmary, has tendered her resignation.

Miss Maud Robertson has been appointed superintendent of nurses at the State Hospital, Scranton, Pa.

Miss Mary Collett has been appointed head nurse at the Women's Southern Homeopathic Hospital, Philadelphia.

Miss Anna McCann has been appointed supervising nurse at the Homeopathic Hospital, Reading, Pa.

Miss Mary Murry, Class '05, Elliot City Hospital, Keene, N. H., has accepted a position with the Instructive District Nursing Association of Boston.

Miss Ingeborg Hintze has taken charge of Drs. Wood and Woods Sanitarium at Hubbard, Texas.

Deaths.

Miss Agnes Beach, of Shelby, Ohio, a graduate of Lakewood Hospital, died Oct. 3 of heart failure.

Miss Mary Scheffner, of the Allegheny General Hospital, died suddenly, Sept. 18, of heart disease.

Miss Bessie Carter, of Kingston, N. Y., was killed in an automobile accident at Dashville Falls, N. Y., Oct. 3.

Miss Ida Sabin, a nurse at the El Reno Sanitarium, Oklahoma, died at that institution Sept. 26, of typhoid fever.

Mrs. A. O. Stauffer, a U. S. Army nurse during the first occupation of the Philippine Islands, died in September at Muskegon, Mich., after a two years' illness of tuberculosis.

Miss Mannie Olive, a trained nurse, of Dallas, Texas, died Sept. 17.

Miss Lillian Barr, operating room nurse at the Syracuse Homeopathic Hospital, died at that institution in September. Miss Barr was stricken with typhoid fever, and for a time seemed to be improving, but suffered a relapse.

Miss Mona I. Gibson, a trained nurse, of Manchester, N. H., and Dr. Oren Dages, of Ohio, were drowned by jumping from a boat into water beyond their depth at Fort Pond, near Littleton. Miss Gibson and Dr. Dages had both been connected with the Boston Floating Hospital.

Miss Ella White, for the past sixteen years an efficient nurse at the Soldiers' Home, Dayton, Ohio, died at St. Elizabeth's Hospital, Sept. 26.

On Sept. 29, at Bradford (Pa.) Hospital, Miss Cleo August, a member of the training school class, passed away. The cause of death was spinal meningitis and typhoid fever.

Mrs. Eliza V. Ramsey, a well-known and respected trained nurse, of Richmond, Va., died suddenly Sept. 6. She was the wife of Dr. P. R. Ramsey, and was first vice-president of the Colored Visiting Nurses' Association.

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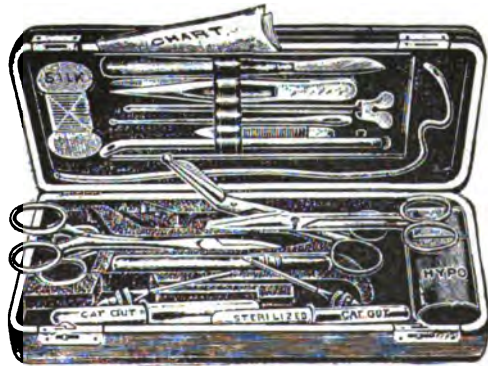
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A Complete and Up-to-Date Outfit

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Horlick's Malted Milk, unlike plain cow's milk, forms fine, flaky curds in the stomach that are digested without the least distress.

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Resinol.

It is now over two years since I first started to use Resinol Ointment. I am greatly pleased to say that it has never failed to do excellent work. I take this opportunity to thank you for the samples sent me from time to time and also for bringing Resinol to my attention.

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when other treatment fails. It quickly raises the antitoxic and so-called opsonic power of the blood, increases the resisting power of the tissues and thus minimizes the dangers of bacterial attack.

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These tablets are exceedingly palatable. Children take them without protest and even eat them with avidity; an accurate quarter-dose may be readily broken off, but it should be borne in mind that children sometimes require as large doses as do adults. In chronic constipation it is well to give a small dose three times daily.

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By this process the lactic acid bacteria which are essential in making this cheese, but which

along with other non-essential or even harmful bacteria are destroyed by the pasteurization, are restored and a perfect product is obtained.

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It is not necessary for the nurse to go back to the location of the pilot lamp before answering the next call. She can see the lights over the doors from the corridor. If any are lighted, she knows at once that the patient in that particular room has signalled for a nurse.

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Important Legal Decision.

The Liebig's Extract of Meat Company of London, makers of the celebrated Liebig's Extract of Meat, has gained an important victory in its suit against the Liebig Extract Company, of Hudson and Thomas streets, New York City, by the decision recently handed down of the United States Circuit Court of Appeals for the Second Circuit.

The principal issue was as to the right of

Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, now proposes to extend and enlarge the scope of this teaching, and offers a course in these subjects which it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year 1908 the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course exceeded ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and co-ordination exercises.

The instruction will occupy about seven months, beginning in October, 1909. Lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr., while the practical teaching occupies from three to four hours daily.

Examinations both practical and theoretical are required at the end of the course.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A shorter course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechano-therapy or separately.

This course last four months, and the fee is \$25.

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the Liebig Company of London to exclusive ownership in the name "Liebig," and the Appellate Court has now given a decision, with heavy costs, against the Liebig Extract Company of New York, and enjoins that company from using the word "Liebig" in connection with the sale of extract of meat. This decision is final and not subject to further appeal.

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Nurse, Remember.

Dioiburnia is the most efficient uterine tonic, alterative, anti-spasmodic and anodyne, indicated in anemia, parturition, leucorrhea, menorrhagia, subinvolution, dysmenorrhea, miscarriage, vesical tenesmus, diarrhoea, dysentery, chlorosis, ovaritis, cholera morbus, climacteric diseases, endometritis, uterine engorgement, metrorrhagia, prolapsus uteris, threatened abortion, puerperal convulsions, vomiting or pregnancy, relaxed condition of the uterus.

+

Double Fudge.

Two cups of granulated sugar; one-half cup of cream; two squares of Baker's Chocolate; one tablespoonful of butter. Boil seven minutes; then beat and spread in buttered tin to cool.

Two cups of brown sugar; one-half a cup of cream; one teaspoonful of vanilla extract; one cup of walnut meats, chopped fine; butter size of a walnut. Boil ten minutes; then beat and pour on top of fudge already in pan. When cool, cut in squares.

+

Can You Write a Prize Letter?

If so, you will be interested in the competition which is announced in our advertising columns by Messrs. Meinecke & Co. This enterprising firm of hospital specialists offers ten prizes of \$5.00 each, and twenty prizes, consisting of one of their Progress Thermometers in case (advertised at \$1.00), to those nurses who send them the best letters describing the merits of the "Perfection" Bed and Douche Pan, and giving the reasons why nurses should recommend it to their patients. To those nurses who are acquainted with the "Perfection" Bed Pan (and there are few who are not) the competition should not present any features of difficulty. An interesting point in connection with the competition is that it is confined solely to nurses.

School of Massage.

The School of Medical Gymnastics and Massage, established 1908, begins its Fall course September 6. The Anatomy and the Practical Training are under Dr. Holms' personal direction. Dr. French lectures on Physiology and Pathology. The hospital, as well as school clinics, give the pupils ample opportunity to gain a thorough, practical knowledge of massage in all its branches. All communications should be addressed to Gudrun Iga Holm, M.D., 61 East Eighty-sixth Street, New York City.

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In Typhoid and Billous Fever.

If it be true that the materies morbi of these diseases belong to the bacillus group, the remedies manifestly are an antiseptic and an antipyretic. As an intestinal antiseptic we have nothing better than salol. When we add the antipyretic and anodyne effect of antikamnia, we have a happy blending of two valuable remedies, and these cannot be given better than in Antikamnia and Salol Tablets; each tablet containing two and one-half grains antikamnia and two and one-half grains salol. The adult dose is two tablets. Always crush before administering, as it assures more rapid assimilation.

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Recent Research Abroad.

Europe, the recognized centre of the world's health resorts, where thousands of Americans go annually to regain their health, has been visited again this year by the Superintendent of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, of Philadelphia, for the purpose of gathering up-to-date ideas in the line of Mechano-Therapy.

Mr. Walter attended the clinics at the leading Medico Mechanical institutions of Berlin, Hamburg, Frankford, Breslau, etc., under the guidance of well-known specialists. The apparatus purchased and the new forms of treatment learned abroad will again make a valuable addition to the school's facilities for instruction in Massage, Gymnastics, Electro and Hydro-Therapy, and will be included in subsequent courses beginning with the fall term, 1910. Second section of the fall class opens November 17th. The winter class, January 10, 1911. Illustrated particulars by addressing the superintendent.

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A boric acid solution is cooling and soothing for the eyes, for inflamed cuticle or the mucous membrane. Boric acid spangles are the best to use for making a solution. Boric acid in a powdered form is unsurpassed as a dusting powder.

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Home Treatment of Tuberculosis.

After the physician has outlined a well-ordered mode of living, there arises the question of an agent that will aid in tissue reconstruction and resistance to the disease. The physician takes into consideration the value of the remedy and the patient's ability to continue it for a sufficient period to derive results. Quite naturally he thinks of cod liver oil, but, generally, cod liver oil products quickly prove distressing to the gastric apparatus. A striking exception is the *Cord Ext. Ol. Morrhuæ Comp. (Hagee)*. It is just as potent a tissue builder as the crude product, and possesses added advantages in that it is palatable and agrees with weak stomachs and may be continued indefinitely.

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Hand-made, to fit the fingers exactly. Extra strong, but very thin.

In wearing my Phylactery Antiseptic Finger Cots for dressing wounds or for operating, you do not lose the delicate sense of touch—fit snug. There has been a long felt want for an article like this. Physicians with a cut or scratch on the fingers can make themselves perfectly immune. Quite a boon for preventing the fingers staining for all kinds of work in photographing, etc., and for nurses or family use, and dressing wounds. The ideal for post mortem work; cots rolled from the fingers in a few seconds and you feel perfectly clean, leaving no odor on the fingers. They can be

sterilized, but are so cheap it is not necessary. Introductory price to nurses, 50 cents dozen, postpaid.

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Hawaiian Pineapple Juice.

The absolute purity of Dole's Pure Hawaiian Pineapple Juice, from which it is expressed Pineapple Juice and the delicacy of the ripe and bottled where grown, makes this juice as healthful and appetizing as it looks. It is good for the stomach and intestines; almost a specific in many throat troubles. Bottled in four sizes—quarter pints, half pints, pints and quarts—sealed with a stopper which requires no removing tool but the fingers, it is easy to handle anywhere. There is a loose flap in the metal cap which is simply lifted and torn straight down (twisting must be avoided) until the aluminum rim is severed and drops off, releasing the inner sealing cap. Dole's Pure Hawaiian Pineapple Juice tastes best when poured from the bottle just out of the refrigerator into a thin glass half full of shaved ice.

+

The Smith Solitaire Board.

The "Smith Solitaire Board" was originally designed for a patient who was in a plaster cast, and obliged to lie flat on his back. It can be used in almost any position. Leaning back in a chair, or reclining on a lounge, it can be used out of doors as the cards are held in position, and are not disturbed by even a stiff breeze. Yet it can be moved with ease. It is ideal for the deck of a steamer.

As a means of entertainment during convalescence, it leaves little to be desired.

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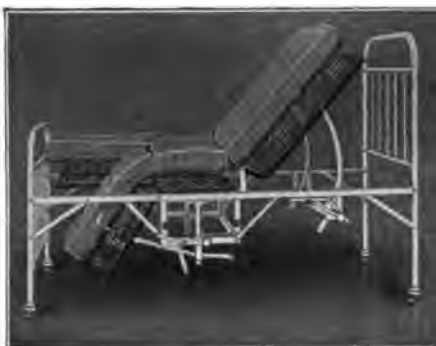
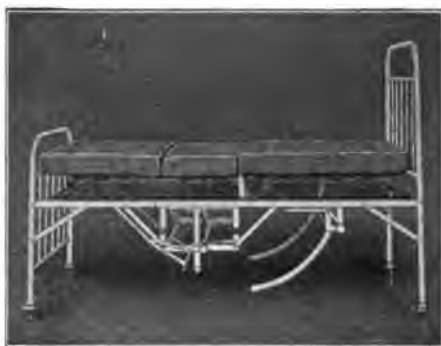
Cod Liver Oil.

The New International Encyclopedia says: Cod Liver Oil is one of the most valuable therapeutic agents. The benefit derived from it in diseases associated with loss of flesh cannot be over-estimated. It is given in tuberculosis, rickets, chronic eczema, in many nervous diseases and in general feebleness.

Scott's Emulsion is the world's standard preparation of Cod Liver Oil. It contains no alcohol, drug or harmful ingredient whatever and is the original and certainly a most reliable preparation of Cod Liver Oil.

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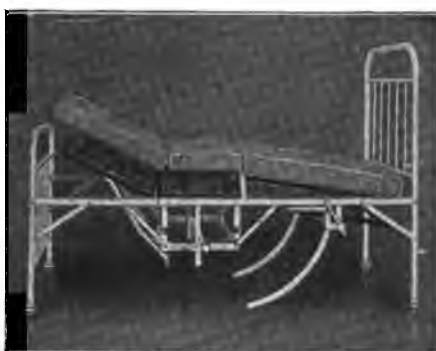
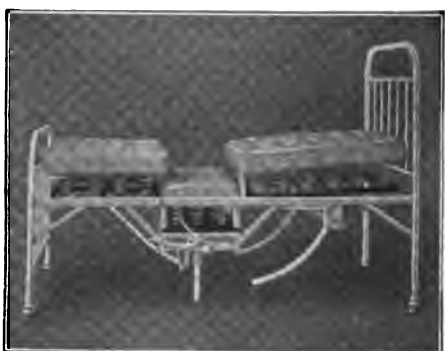
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The Trained Nurse and Hospital Review

A monthly Magazine Devoted to Trained Nursing in Private Practice and in the Hospitals of the Country

Editor

ANNETTE SUMNER ROSE

LAKESIDE PUBLISHING COMPANY
PUBLISHERS

OFFICE—114-116 East 28th St., New York City

THE TRAINED NURSE

has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puffs no humbugs, and does not take half its space to tell how good the other half is.

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TO CONTRIBUTORS.—We pay liberally for all Original Articles.

Exclusive publication must be insured to all contributions offered to the Editors. Rejected manuscripts will be returned if stamps be sent for this purpose.

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Illustrations for articles are particularly solicited. All expense for drawings, plates, etc., will be borne by the publishers.

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Books and monographs will be reviewed promptly. Short, practical notes upon personal experiences or brief reports of interesting cases, with results from remedies, new or old, will be welcomed.

The Editors and printers will greatly appreciate the courtesy of having all manuscript typewritten; or, if this is impossible, clearly written, great attention being given to proper names and medical terms.

Book Review.

(Continued from page 322.)

Obstetrical Nursing for Nurses and Students. By Henry Enos Tuley, A. M., M. D., Professor of Obstetrics, Medical Department University of Louisville; Visiting Obstetrician and Lecturer on Obstetrics to Training School for Nurses, John N. Norton Memorial Infirmary and Louisville City Hospital; Member Sloane Maternity Hospital Alumni. Price \$1.50; post paid. For sale by the Lakeside Publishing Company.

The first edition of this little book was published in 1902, in response to the demand for an outline of the subject covered in a series of lectures delivered before the training schools for nurses of the John N. Norton Memorial Infirmary and of the Louisville City Hospital, and was at that time given very careful consideration in our columns. Owing to the fact that the publishers of the first edition have discontinued the publishing of books and the original plates were destroyed, it became necessary to reset the type, and advantage has been taken of this necessity to completely revise it and to re-write a large portion of it.

The need of a book of this kind for the undergraduate nurse to aid her in a full understanding of the class work in obstetrics is obvious. The graduate nurse will find it a great help in refreshing her mind upon many points, and as the author thinks that obstetrics have no attraction for the average graduate, he has endeavored to make the text as attractive as possible. Only so much has been included in the book as to enable the nurse to intelligently care for these cases, and not merely look upon it as routine or machine-like work. The whole subject has been systematically covered; the anatomy of the female, physiology of the sex, embryology, pregnancy, labor, the puerperium and the child are carefully discussed in detail. A feature which will be appreciated is the very complete glossary of obstetrical terms which has been included. There are 246 pages of text matter in the book, together with a large number of illustrations.

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The Trained Nurse and Hospital Review

VOL. XLV.

NEW YORK, DECEMBER, 1910.

NO. 6.

Hospital Accidents*

FRANK T. LODGE, Attorney, Detroit, Mich., and

MINNIE GOODNOW, Superintendent Bronson Hospital, Kalamazoo, Mich.

THE word accident means different things to the legal and the lay mind. To the lawyer it means an injury or unexpected happening which is not caused by the carelessness or negligence of any person. The non-legal mind generally includes under the term accident injuries which are caused by someone's recklessness, carelessness or negligence. It is in the non-legal sense which we will consider the subject of hospital accidents.

It is a general principle in law that any person of legal age and in full possession of his faculties, whose carelessness or negligence causes injury to another, is legally liable for all such injuries. The touchstone of the injury in each case is the presence or absence of negligence which directly produced the injury. If present, liability attaches; if absent, it does not. Of course, courts and lawyers make many refinements and distinctions in their consideration of particular cases, but the foregoing principle still obtains.

In the eye of the law, corporations are legal persons, and have most of the rights, duties and liabilities of natural persons. Nearly all hospitals are corporations, and subject to the exception

hereinafter mentioned—they are liable as are other corporations. Of course, if a hospital is not incorporated those natural persons who own and operate the hospital are liable in their own persons for negligence, exactly the same as if their negligence had occurred in some other line of work.

Another principle of the law of negligence is that a person is liable for the negligent acts of his agents, servants and employees when the latter are acting in the ordinary scope of their employment.

For instance, the owner of a trucking firm whose driver carelessly injures another is liable for that driver's negligence. A steam or railway company whose employees carelessly injure another are, as a general rule, liable for such negligence. We would, therefore, naturally expect it to follow, since hospitals are corporations, that such corporations would be liable for injuries to patients or others directly caused by the negligence or carelessness of the employees of the hospitals. As a matter of fact, however, this is not generally the case.

The altruistic principle is the constantly increasing characteristic of advancing civilization. That civilization

*A paper read at the convention of American Hospital Association, St. Louis, Sept., 1910.

is, as a rule, the farthest advanced which most thoroughly inculcates and enforces that tender and loving regard for the comfort, convenience and happiness of others, which is the vital principle of altruism. It, therefore, naturally follows that, as the care and healing of the sick and suffering is the highest type of altruism, the constant tendency of all progressive civilization is to prevent sickness and suffering if possible, or to afford every safeguard and encouragement to its treatment and cure.

Instances of this principle in legislation, in the decisions of the courts, in the canons of public opinion and in private habits of thought are too numerous for us to attempt to give more than one or two illustrations. A most striking example is afforded by the constantly broadening interpretation given by our courts to the so-called police powers of municipal, State and national governments. Our forefathers would have risen up in armed revolution had the government of their day attempted to prescribe the weight of a loaf of bread, what ingredients must or must not be incorporated in it, what must and what must not be done with ashes, slops, garbage, etc. But in these days of advanced twentieth century civilization we gladly submit to these governmental invasions of private rights; we point with pride to garbage, smoke, icy sidewalks, ashes and other city ordinances, and hail with approval those who made possible our Pure Food Act.

The medical profession has shared in this increasingly careful public scrutiny. To-day the government requires a greater degree of knowledge and skill for the practice of medicine than ever before in the history of the world.

Private beneficence as an aid in the

treatment and care of the sick, suffering delinquent and defective has kept pace with the trend of public legislation; indeed, it has led the van. Hospitals for the treatment and cure of the insane, the crippled and the feeble-minded were at first supported entirely by private philanthropy. This finally so impressed public opinion that nearly all our State legislatures have put these truly beneficent and altruistic institutions under the care of the State.

Hospitals for the treatment of the sick also share in this kindly consideration of the law; and where a hospital is organized for any other purpose than for purely private gain the protecting shield of the law is thrown around it in many respects—notably, in that of responsibility for injuries caused by the negligence or carelessness of hospital employees. In these so-called eleemosynary or charitable institutions an exception is made by the law from the general principle of legal liability for negligence above mentioned, and such institutions are not held by courts of law to be liable for such negligence. This exemption from liability is not affected by the fact that some patients, or even a large number of patients, are required by the hospitals to pay for their care and treatment. Such payments are regarded as incidental and much welcomed additions to the original charitable fund; and the policy of the law is that the nobility of the original charity entitles the original fund, together with these incidental accretions, to be preserved entire and not to be exhausted, or even depleted by large drafts which would be made upon it should it be held liable for the results of all negligent injuries caused by hospital employees.

After having stated this broad gen-

eral principle of legal exemption from liability, we may refer to one or two leading cases upon this subject.

In the case of *Downes vs. Harper Hospital*, decided by the Supreme Court of Michigan in 1894, the plaintiff's husband became violently insane from disease, and was taken to the hospital, where he was confined in a room especially arranged for such patients, having a framework of iron over the windows. The framework was not sufficiently fastened, and Downes was left alone for a time by the nurse in charge. He sprang from his bed, wrenched off the framework, jumped from the window and was killed. The trial court directed a verdict for defendant because the defendant was a charity, which could not be liable for such injuries. Mr. Justice Grant, in a very carefully considered opinion, sustained the action of the trial court, laying down the principles to which we have referred.

In this case the Supreme Court expressly refrained from giving an opinion as to whether the trustees of the hospital might be held liable for the negligence of the nurse.

In 1901 the case of *Pepke vs. Grace Hospital* was brought to the attention of the writer. A little boy, eleven years old, was stealing a ride upon a moving freight car. Jumping from the car his hand struck the rail, and the wheel passed over it, crushing the bones of the hand and causing a compound, comminuted fracture. He was taken to Grace Hospital by the railroad authorities, and at the same time word was sent to his parents. His mother telephoned the hospital authorities to get her family physician and to do nothing until she or the father came there. The family physician reached the hospital

two hours after the boy. Before he arrived the hospital physician, deeming it inexpedient to wait longer for him, prepared to amputate the arm between the wrist and elbow.

The family physician reached the hospital just before the first incision was made, and after an examination decided that most of the hand could be saved, and that it was necessary to amputate only three fingers. The hospital physician, however, against his remonstrance, proceeded with the operation. The father saved the amputated hand and arm, which bore evidence of mutilation with the apparent attempt to conceal its sound condition.

The writer refused to prosecute the case, relying upon the general legal principles laid down in the *Downs* case cited. The father consulted other lawyers, who, relying upon the expression of Mr. Justice Grant in the *Downs* case, sued the trustees of the hospital as well as the corporation. Again the trial court directed a verdict for the defendants, chiefly upon the grounds that, the defendant hospital—being a charitable institution—neither it or its trustees were liable for the negligence of its employees. The case was appealed to the Supreme Court, which sustained the decision of the trial court, Mr. Justice Grant again writing the opinion in which he laid down the general principles to which we have referred.

These two cases have been followed and approved by many of the Supreme Courts of other States, and the doctrines therein announced may now be considered the law of the land.

Of course this exemption from liability from negligence does not extend to the careless employees themselves. They are liable for their negligence, as in

other cases of negligence. The only practical difference is that such employees are nearly always without means, and the patient injured through their carelessness may be considered as practically without redress.

The ethical and moral aspect of the question is often of as much importance to the hospital as is the legal side, since an accident for which a hospital was not legally responsible may be far more damaging than one which has caused a lawsuit.

The very conditions of hospital life render accidents probable. We deal with people who are not normal, and who have, for the time being, no personal accountability. Our employees, both servants and nurses, have to learn to adapt themselves to these abnormal conditions; they have, in short, to become accustomed to the unusual. We deal not with things as they ought to be, but with things as they are, while the public, at the same time, makes scant allowance for human frailty, and holds that the hospital's very existence should be a guarantee of the welfare of both patients and employees.

We Americans are not averse to risk. We build and plan and live with the idea of taking a certain number of chances, and the infrequency of serious accidents makes us willing to continue the practice. This spirit may be permitted in the individual, but is hardly the thing for an institution whose avowed object is the saving of human life. Prevention of accidents may mean the expenditure of many dollars and much time, but the object is surely a laudable one.

The matter of safe buildings is one which every hospital board should bear in mind. If an unsafe condition exists no superintendent should stop with once

or twice telling, but should persist till the matter is remedied.

Fireproof buildings are, of course, desirable, and if a new building is erected a reasonable amount of money should be spent in securing this construction.

As an actual fact, however, far more fires occur from defective chimney-flues, illy-protected or cheap electric wiring, inflammable material near stove pipes, or from the carelessness of employees than from lack of fire-proofing.

The average fire escapes may be mentioned as one of the most ineffective of protections. Very many of them are so placed as to be quite useless, being accessible only through a bathroom or private room, opening from a window, or, possibly, unmarked, so that even employees do not know where they are. Some of them are of such form that only an athletic person could use them. The toboggan slide variety is about the only kind really practicable for removing sick patients quickly from a building.

While serious fires are not common in hospitals, chiefly because there is pretty constantly some one on duty in every part of the building, an alarm of fire or a slight blaze may have almost as serious consequences as though the disaster had actually occurred. It is for this reason that every hospital should have a fire drill instituted, and it should be practiced often enough to be well in mind. It is useless to include in this drill the average servant who comes and goes with such regularity, but it should take in the engineers or night watchmen (who are likely to be more or less permanent) and the nurses. Some institutions have used, instead of the regulation drill, a lesson to be learned verbatim, and recited as often as once a month; such a lesson, consisting of the first thing to do in case

of fire; the second thing, the "next thing," and so on.

Nurses especially should be taught to distinguish between a fire they may easily put out by their own efforts and one for which they must call assistance. This one point, well drilled, saves valuable time in an emergency.

Elevator accidents are among the commoner ones. They are usually serious, often fatal, and ordinarily the result of carelessness. The automatic elevator seems nearly to have proven that such accidents can be avoided. These elevators cannot be made to move unless doors are tightly closed and everything as it should be, making practically impossible any accident except the actual breaking of a cable. They cost a little more to install than the ordinary kind, and need frequent repairs, but they save the wage of an elevator pilot. It seems hardly justifiable for so many good hospitals to maintain their old-fashioned lifts, taking more or less risk each day that they run. Certainly no new hospital can be excused for neglect in this matter.

It is a very common thing for patients to fall or jump from windows, and up to the present time not much has been done toward preventing it. We know that any delirious person is liable to this accident, yet we continue to take the chances with no more than a casual warning to a nurse to "watch him closely." As a matter of fact, many of these tragedies have happened when a nurse was present, and it would appear that the safeguarding of the windows is the only efficient protection. At least a few rooms on each floor could be fitted with guards properly fastened, or the windows could be furnished with wire glass.

Anaesthetic accidents are no longer

classed as unavoidable, and a hospital where they occur with any frequency is deserving of censure. The system of allowing unsupervised internes to give anaesthetics is rapidly passing into disuse, and cannot be much longer maintained by any good hospital. The small town or country hospital, which has no regular anaesthetist, but allows any graduate physician to act in this capacity, has an extremely difficult situation to deal with. Fortunately for the institution the physician is usually held responsible.

Deaths due to the carelessness, negligence, or incompetence of physicians might be mentioned in this connection. While a hospital is not accountable for these things, there are instances when it seems as though some action should be taken to exclude doctors who have an excessive number of these "accidents." The superintendent should put the matter plainly before the board and allow them to decide whether the hospital shall be run on the "open" or "closed" plan. Local conditions differ so widely that no outsider can judge of the best course to pursue. The utmost care should be exercised to be sure that facts are not exaggerated and that prejudices are not considered.

Accidents due to the spirit of taking chances, otherwise called incompetence, negligence, or carelessness, are many and exasperating. How to deal with them is the problem which confronts us continually, and will until all men do exactly as they should under all circumstances. Just how far we may overlook human frailty, and just how much risk we may ask our patients to take because of it, is the vital question.

We must protect ourselves and our patients by keeping the number of habitually careless employees as low as pos-

sible, bearing in mind that we shall be less criticized for getting along without help than for employees who are incompetents. Most of us prefer to take the chance of a careless employee than to let work go undone, but if the public takes the opposite view, we can hardly afford to ignore it. If we make it a principle of selection that carefulness and thoroughness are desirable above speed or brilliancy, it will aid in keeping our household in safety and comfort. Not until those who work for us find that dismissal follows a wilfully negligent act will we be able to keep them up to a reasonable standard. With nurses we can hardly draw the lines too closely. No nursing, rather than careless nursing, is the only safe rule.

In this connection we should lay aside the distinction so often made between an act which had serious consequences and one which had not. The simple fact that no great harm resulted from a careless act is not an extenuating circumstance and should not be so considered. On the other hand, one may be somewhat charitable toward a serious accident caused by the deed of a person ordinarily careful.

We may take our choice of the two systems of preventing accidents from carelessness, the one which puts the responsibility on the system, the other which forces it upon the individual. For example, if each medicine bottle has its own particular place and its own characteristics (as rough bottles for poisons, brown bottles for drugs to be used externally, etc.), not much time or brains is supposed to be needed; while, if all bottles are exactly alike, if they are not arranged in any particular manner, or if their position is changed regularly, the nurse is compelled to look at least once

to know what she is getting. In either case there is still a chance for the human element, and failure is imminent if the system is not adhered to.

After all, system is the important feature in the prevention of hospital accidents. There must be a well-thought-out plan, adapted to the institution in which it is to be used. Obviously, the cumbersome red tape of a hospital of 500 beds is out of place in one of 50 beds, and just as plainly are the simple arrangements of a small institution inadequate to a large one. The class of hospital, kind of patients, arrangement of work, plan of building, number of employees, etc., have weight in the working out of any system which is successful. The point to be emphasized is the need of orderly arrangement, definite directions and strict enforcement.

Many accidents charged to negligence are really due to ignorance. The remedy for carelessness is dismissal. The remedy for ignorance is far simpler, and because of its very simplicity is the more often disregarded. Making rules is not sufficient. We must be sure that every employee has seen the rules, understands them, and knows that they are to be obeyed. Many mistakes occur because those in authority had told a few people about a thing and "supposed they all knew it." Small hospitals are especially prone to this sort of thing. We cannot afford, whatever the size of our hospital, to leave anything in uncertainty. Written rules, clearly expressed, conspicuously posted, and persistently enforced, are the least that we can do. To the nurses and the more intelligent permanent employees some explanation may be given as to why such and such things are demanded, but in the end the principle of



CHRISTMAS DAY AT HOSPITAL FOR SICK CHILDREN, TORONTO, CANADA.
(Girls' Surgical Ward.)

unquestioning obedience is the safest and best thing.

A very large number of the mistakes which nurses make are the result of their having been insufficiently taught. It seems axiomatic that a nurse should not be allowed to do a thing unless she knows how; yet over and over we permit accidents to happen from the violation of this principle. We are short of nurses and allow a probationer to measure out and give medicines of which she has never before heard. Is it her fault or ours if she makes a fatal mistake? We set a young nurse at preparing solutions without thorough drill in quantities and qualities. Is she to blame if she burns a patient with a half dissolved carbolic solution? We put a nurse with but a few months' training in charge of a paralytic and she burns him with a hot water bag. Shall we condemn her for carelessness when she did not know that he was liable to such an accident? We let a nurse care for a tuberculosis patient, a typhoid, or a specific case, leaving her with hazy ideas of the precautions she is to take, and she contracts the disease. Is she to be told that it was unavoidable?

We excuse ourselves for these occurrences by the plea that we are short of help and lacked the time to give instruction. This a chronic state of affairs in most hospitals and for this very reason ought to be more vigorously dealt with. If the superintendent of the training school has not the time to properly instruct her nurses, is not an injustice being done to both nurses and patients thereby?

Some accidents are apparently due to carelessness or ignorance on the part of the nurses; others may result from an insufficient force of nurses and conse-

quent overwork. The average nurse is reasonably conscientious and reasonably willing to do the work which is given her, but we know only too well how many hospitals put upon their nurses more work than can well be gotten through with. Some of us consider that a nurse must be worked to her limit in order to keep her up to the mark and to teach her to manage work. Most of us overwork our nurses because we cannot get or cannot afford to pay for enough help. This, again, is injustice to the nurse and a deliberate risking of the patient's life. Such a condition might be tolerated for a day or a week under pressure of circumstances, but when it continues month after month it can but lead sooner or later to grave disaster. If a superintendent cannot obtain help needed to give patients safe and sufficient care he is hardly honest if he does not inform them of the fact. He is certainly doing less than his whole duty if he fails to inform his board of existing conditions and insist upon some permanent and effective relief. We frequently blame our boards for not knowing that we need more help when we have given them no opportunity to see or know. Many of us are too timid or too proud to let our directors know the real state of things. Why there should be any virtue in one person's attempting to do the work of two, at the expense of a third person who is entitled to good service, is a question to which there can be no rational answer. Absolute frankness with his board is the only safe rule for any superintendent, and there are few boards which will not rise to the occasion and supply the proper help if the facts with all their bearings be accurately stated to them. And certainly no board which understands can, for any notion of economy, afford to risk

the reputation of the hospital and the safety of the patients.

Accidents due to the use of faulty appliances usually result in injury to an employee. In these cases, the least we can do by way of prevention is to require prompt reporting and immediate repair of all apparatus and equipment which is not in good working order. If for any reason the repairs cannot be made and the thing must be used, the one safe rule is that a sign shall be put up or a label attached stating the exact condition and giving warning.

When one undertakes the superintendency of a hospital, he assumes, among other things, the safeguarding of those under him. We must insure our nurses and employees proper conditions for work and living. For our patients, so long as we hold that a hospital is for the care of the sick, we must see that every care is given, and that care-ful-ness is the rule of the institution. We must create and foster that esprit de corps which will not tolerate anything but good equipment and incessant watchfulness.



ROCHESTER, MINNESOTA, STATE HOSPITAL.
Ward A-2, for Women, Alcove Sitting Room, Christmas.

Ethics and Deportment for Attendants on Mental Invalids

CLARA BARRUS, M.D.

ASSISTANT PHYSICIAN IN THE MIDDLETOWN STATE HOSPITAL, MIDDLETOWN, N. Y.

(Continued from November.)

DUTY to the Institution and to the Officers: You have become a part of the institution as soon as you pledge yourself to help carry out its aims. Pride in doing your part well and loyalty are among your chief concerns.

To be loyal, you must inform yourselves as to what is expected of you, and then seek to fulfill these manifold duties faithfully and well. When not under the direct observation of your superior officers, a certain sense of honor and self-respect should make you exact even more faithfulness of yourself than at times when you know your work is being scrutinized.

A respectful demeanor should always be observed toward the physicians and other officers, and implicit obedience in carrying out instructions. If for any reason you are unable to carry out instructions, or if through neglect or carelessness you have failed to do so, do what you can to lessen your error by promptly confessing the same. A fault or mistake confessed is half redressed.

It is also your duty to seek to establish and maintain the patient's confidence in the physician. You must not allow yourself to express in word or manner criticism of your superior officers, whatever your personal opinion may be. Loyalty demands that so long as you serve under a charge nurse, or a physician, you observe the demeanor befitting the situation.

Details concerning your duties to the

institution will be found in your rule books, and in the various books on nursing, and in other lectures and practical ward instructions. Frequent reading of the rule book is a part of your duty. Your attention is called particularly to Chapters II., III. and IV. in "Nursing the Insane."*

Your duties to the institution require further that you bring no discredit upon it, either when you are about the hospital or grounds, whether on duty, or in your hours of recreation, or when you are away from the institution—on the cars, in the streets, shopping, at places of amusement, and the like. I wish to emphasize the point of seemly demeanor on the street cars, in particular. It is a matter of great regret that some unthinking and ill-bred young women attendants have, from time to time, been heard to discuss in loud tones, between boisterous laughter, and gum-chewing, various hospital affairs which they have no right to mention outside the place; others have been heard to gossip concerning patients and employees, and physicians and their families; others to complain of their food, their charge nurses, and so on. Such conduct is reprehensible anywhere, but especially so on the street cars, where conversation is often heard with more distinctness by the other passengers than the speaker or her immediate listener dreams of.

Economy in the use of the State prop-

*By Clara Barrus, M.D.

erty and supplies, and in the care of patients' belongings, is a conspicuous duty.

Conscientious use of your time in the hours of duty for the work for which you are employed, is a matter that demands your thoughtfulness. You are still on duty when the ward work is done, at entertainments, and when attending patients at their employment; your time and talents should be used in the various ways called for, whether it be to divert, or amuse, or train to useful work, or to work with the patients, or for them.

Duties to Associates: Your duties to your associates are many and varied; they can be summed up in the observance of the Golden Rule, of doing to others as you would that others do unto you. Consideration, helpfulness, fairness, are things to keep continually before you.

If you have a roommate, you owe it to him or her to do your share of the work, keeping the room tidy, well ventilated, avoiding anything that could be objectionable to the other occupant of the room, and respecting the tastes of each other as far as possible. Refrain from appropriating, even temporarily, any of the belongings of your roommate, unless there is a perfectly clear and friendly understanding on both your parts, in every instance.

Respect for your charge nurse, a willingness to help him or her, and the other nurses and attendants in any way that you can, a real sharing of burdens, and a cheerful working together, patience with the weaknesses of fellow-workers, avoidance of discussing those weaknesses, refusal even to listen to gossip about them, a helpful spirit toward new, inexperienced, or backward attendants, and forgiveness toward unfriendly ones,

even those who have wronged you—these are some of the duties due your associates.

Much pleasure and profit would result if you and your associates would meet for the discussion and study of matters pertaining to your work, or for the study of things outside of it which will tend to enlarge your sympathies with life in general. Whatever healthily stimulates your interest in life, in humanity, in the beauty of the world, in any department of knowledge, whatever makes your perceptions keener, and your mental life more active, may be turned to good account in helping your patients; the working together toward this end develops a harmony among you, and a broad-mindedness that are indispensable in the true nurse, which, I assume, you all hope in time to be.

Duties to Yourself:

"To thine own self be true
And it must follow as the night the day
Thou canst not then be false to any man."

It is true that if we are true to our best selves, our conduct in all other relations will be as it should. Still, in the matter of personal habits and behavior, we will glance briefly at some essentials.

You owe it to yourselves to maintain the highest standard of health of which you are capable. Only in so doing can your most efficient work be done. Consequently, regular healthy functions must be maintained. Departures from these need prompt investigation and correction. Wholesome diet, frequent bathing, plenty of sleep in well-ventilated rooms, avoidance of injurious habits, and the securing of sufficient recreation—these are the means of getting well, and keeping well.

Something wrong in the health, insufficient sleep, an uneasy conscience—

these things reveal themselves in half-hearted work, in carelessness, absent-mindedness, irritability, and the like.

In addition to scrupulous bodily cleanliness which requires that all the details of the toilet be systematically performed—the hair, teeth, breath, ears, nails, receiving especial attention—the clothing needs always to be clean, well mended, and well brushed.

The prescribed uniform should be worn at all times when on duty. Pride in the uniform, and in the right to wear it, should make you shun any appearance of carelessness. No jewelry of any kind except the nurse's badge is permissible when in uniform. An exception is proper in the case of wedding rings, and plain collar pins. Jewelled side combs, fancy collars, earrings, bracelets, and the like, are out of place when in uniform, and give a touch of vulgarity that the refined nurse is careful to avoid. Any conspicuous or elaborate way of dressing the hair is not permissible when on duty. Comfortable shoes, with thick soles and low broad heels, preferably rubber heels, are a requisite of the properly-dressed nurse or attendant.

Chewing gum or tobacco are practices not allowed when on duty. Smoking is only permitted to men attendants in such places as are designated for the purpose. Drunkenness, or addiction to any drug, are causes for prompt dismissal from the service; likewise the bringing of alcohol on the premises. The considerate person will avoid the use of tobacco or strong perfumes to such an extent as would render him or her a means of offence to others. It is selfish to a degree so to pollute the air which others have to breathe, willy nilly, that they suffer from the disagreeable emanations from our bodies or clothing.

Punctuality, truthfulness, obedience, caution, and courage, are virtues especially called for in your work, the exercise of which you owe to yourselves since you have engaged in work of such a noble and unselfish character as that of caring for the insane.

You also owe it to yourselves to advance steadily in knowledge and efficiency, to make use of all the aids toward improvement within your power. In addition to the lectures and ward instruction, the nurses' library which the hospital supplies, and the journals devoted to the subject of nursing, you should each be on the lookout for every means that will add to your efficiency. Each attendant should be sufficiently interested in the work to buy for himself the books, and subscribe for the journals, which will aid him in his work. A workman needs tools; a nurse needs books, and helps of like nature, if he or she is to be a credit to the calling. Interest in current topics of the day, and in general literature, will add greatly to your general efficiency.

The attendant's duties to himself demand that a courteous manner be so much a part of his inmost self that he can never be betrayed into boisterous, coarse or unclean talk, whether on or off duty. On the wards, especial care should be exercised to speak in low, well-bred tones, to seek to keep noise always at a minimum by closing doors and windows quietly, walking with a noiseless step, by refraining from the rattling of dishes, the jangling of keys; by prompt attention to the telephone, door, and waiter bells; by the quiet and careful moving of beds and furniture, and in all other ways keeping the sum total of noise on the ward at the lowest possible point. Example is more potent

than precept here. I do not mean that on wards where able-bodied and convalescent patients are located there is not to be good cheer and a social time, but there is a vast difference between this and the noisy conduct I am urging you to guard against.

Nurses and attendants are expected to receive all visitors on the wards' standing, and to accompany them through the wards in the absence of the charge nurse or another acting in his or her stead.

Though remaining within call, always withdraw at sufficient distance to give

the patients a chance to speak alone with the physicians, if they so desire.

Especial care in the deportment of men attendants when visiting women's wards, or women on men's wards, should be exercised. A woman attendant's self-respect demands that she conduct herself to all such visitors and associates in a refined manner, however cordial she may be. It is not becoming to loiter in the basement, or on the stairways, or elsewhere, for a chat, or to call down the dumb waiters any other communications than those strictly within your duties.

(To be continued.)



AMERICAN MISSION HOSPITAL, SIVAS, TURKEY, IN ASIA.

The Tuberculosis Work in Buffalo

MABEL JACQUES.

TO each one of us, there has come at some time an awakening. As it comes to us individually, so likewise it comes to us collectively, and we find towns and cities having their awakenings politically, socially and hygienically.

Buffalo has already awakened to the necessity of joining the tuberculosis movement, fighting for the obliteration of this disease, which for years has been steadily gaining a foothold in this Northern city.

The real awakening began about the time of the International Tuberculosis Congress at Washington, in the Fall of 1908. Since then there has been steady and constant advancement in the development and scope of the work.

The first move was the opening of a dispensary at Fitch Hall by the Charity Organization Society. This work developed slowly, but showed, nevertheless, advancement.

In May of 1909 the Buffalo Association for the Relief and Control of Tuberculosis was incorporated, and further impetus was added to the work.

The Day Camp, which had been started the year previous, and the dispensary, were both taken over by this association, the latter furnishing the physician in charge, the dispensary rooms and supplies and the District Nursing Association giving the services of the nurses for the camp and dispensary, and providing the milk and egg diet in the homes when necessary.

Through the District Nursing Association also the home problem has been met with by means of the tuberculosis classes, a special nurse being obtained

by them to carry on these classes and give unlimited attention to their instruction and care.

Upon the eve of the opening of the Day Camp for the summer, we felt that we could look back upon the winter's work, if not with pride, at least with a partial feeling of satisfaction, knowing that great strides have been made, not only in the care of the patient, but also in the interest that has been aroused, the awakening to this all-important question, which so materially effects the lives of rich and poor alike.

An important feature of Buffalo's tuberculosis work is the development of its social side. This has been aided greatly by the Social Work Committee, which meets once a week at the office of the executive secretary of the association, and assists in the settling of many weighty problems which arise in connection with the treatment of tuberculosis.

There is, however, much room still for improvement, as compared with many other cities of comparatively the same size.

After years of work in the dingy alleys and courts of Philadelphia, fighting as best we could, in places where the sunlight never found its way, a disease, one of whose greatest enemies is sunlight, it seemed almost like a revelation to come to Buffalo, where there are no alleys and no courts, and although the snow storms seemed interminable and the sun shines at rare intervals only, yet there was space. What a great deal space means to us in this tuberculosis fight.

I must confess that I looked with amazement at the little houses on the East Side, with their gardens and verandas, and my amazement only increased when told that this was one of the poor sections of the city. It made me feel keen and alive to the possibilities of what conditions such as this would mean to the work, the possibilities that I felt sure the Buffalo people, accustomed, as they were, to these surroundings, did not realize the advantage of.

The people who lived in these houses were a more difficult problem to deal with.

The East Side of Buffalo, stretching as it does over many miles, is almost like a foreign city. One may travel through one street after another, and although one may meet many men and women and children, one hardly hears a word of English being spoken. It is a little Poland, where, except for the physician, nurse and insurance agent, few speak or understand the English language. It is, in fact, well called "Little Poland."

They have their own stores, their own churches, their clubs and amusement halls. Polish banks, real estate offices, lawyers, physicians, dentists and, I might add, saloons and poolrooms, the two latter not by any means in the majority. I feel also justified in saying here that the saloons and poolrooms are two of Buffalo's worst enemies in her fight against tuberculosis, as doubtless they are to a certain extent in every other city.

I found the Poles an interesting study, the strong contrast between them and the Negroes, Italians and Jews, amongst whom our work in Philadelphia had mainly been, was so marked that one felt the necessity of studying anew the

tuberculosis question and its relation to these people, who are undoubtedly and unknowingly spreading the disease broadcast throughout the city.

Instead of the absolute faith of the Italian in the American, and the desire to do always what the American was doing, I found a marked suspicion and a stubborn silence that at times was most discouraging, had one allowed oneself to become discouraged. But discouragement is against all principles of tuberculosis work.

It was at first necessary to gain their confidence, and kindness but firmness was the best way to deal with these people, who had gone through generations of oppression in their own country, and had come out here to find liberty and freedom.

But even with the contrast of characters, disposition and temperament I found that between the Poles and the Italians there was one underlying similarity by which they, too, might be reached.

It was this similarity that I found to be the keynote of the situation, just as I had found it before with Italian, Jew and Negro, namely, through their children.

All the world to-day is awakening up to the importance of the child in preventive and curative measures, which are allied so closely with the movements for social and civic betterment, and with the child of the alien this is particularly true.

And so, mainly through the interest in the children, I began to gain the confidence of the parents, and the Buffalo East Side Pole became less and less a problem to me.

By means of an interpreter it was not difficult to explain the necessity of

the out-door treatment, the danger to their children, if the proper precautions were not taken, the chances for living on for years to come, in comparative good health, provided they would carry out instructions.

When they appeared to be down hearted, it needed only to tell them of the poor people in the city from which I had come, where there were no yards, no porches, and where the "cure" had to be taken on the pavement in front of the house, on the fire escape of the tenements, or any other available space.

The contrast aroused their interest, and when they learned of the struggles that others had to get well it was not so difficult a matter to interest them to try also.

But the last winter had been a trying one in Buffalo, snow storm after snow storm piled the snow banks in the yards and streets, until finally when there came a day without snow we felt that something most unusual had happened.

Despite all this, little by little more and more of our patients were persuaded to take the "cure" out of doors, and daily we saw better and better results, and although we boast of no wonderful cures we feel that the education of the Buffalo Pole in the prevention of tuberculosis has begun.

But we must remember that it took courage on the part of the patients to carry out their treatment, not alone because of the severe winter weather, but because of another feature, which to them appeared to be even more difficult to cope with.

The Pole is very sensitive of the opinion that his neighbor may have of him. He objects strongly to being an object of discussion for them, and this is generally the greatest argument that

he uses when one is trying to persuade him to take the outdoor treatment.

At first I did not quite grasp the situation in regard to this matter, but one day it was revealed most forcibly to me.

In my adult class I had a young Polish woman in the incipient stage of the disease. She had been a patient at the Day Camp during the summer months, and seemed to realize the benefit, but not the necessity, of the out-door treatment.

There were a great many hours spent trying to point out to her just why she should sit out in the "cure" chair with which we had provided her.

A bright, sunny spot had been chosen for her in the side yard, her pillows were placed as they should be, and after she was securely wrapped in her good warm blankets and sleeping hood, with which we provide our patients, I left her. An hour later, quite unexpectedly, I returned. Chair and patient were nowhere to be seen, until I went indoors and found her in her small, stuffy room by the one window, which was probably raised about two inches.

Although she spoke English, she could give no explanation as to her action, only hanging her head and saying: "I can't."

Defeated for the time being, and obliged to hurry off to keep an appointment, I was met as I passed out of the gate by a neighbor, who asked me in a rather calculating manner how much longer I thought Mary was going to live. There was something about the question and the expression of the woman's face when asking it that seemed to throw a light on the subject for me, and I realized that what Mary and a great many of her fellow country men

and women afflicted with the disease really needed was moral courage, to not only take their treatment, but to withstand the remarks of their neighbors while taking it. A few of them possess this essential quality, but in most instances it must be given to them. There must be some one who is continually back of them, urging them on and keeping them from relaxing from their good intentions.

But there were many, once that the way was pointed out to them, who persisted with a stubbornness of which only a Pole is capable to carry out their treatment, who day after day, through wind and snow, might be found stretched out in their "cure" chairs, making the fight in which eventually they will win out.

Of course all of our patients are not

Poles. We have an illiterate class of Irish, who live in shanties over in South Buffalo and are snow-bound most of the winter and flood-bound when the thaw comes in the spring. They, too, were, and are, a difficult problem, for they are laden with old superstition, and so many of them, men and women alike, are alcoholic.

There are likewise a good many Americans who come to us, also Germans, the latter more thrifty perhaps than the rest of their neighbors.

Occasionally there stroll in a few Italians, who live in the congested district of Buffalo, if Buffalo really has a congested district.

Another year and we hope for still greater developments in this work, the importance of which is daily demonstrating itself more and more.

"The Shepherds Watched Their Flocks by Night"

BY MARGARET DELAND.

Like small, curled feathers, white and soft,
The little clouds went by,
Across the moon, and past the stars,
And down the western sky:
In upland pastures, where the grass
With frosted dew was white,
Like snowy clouds the young sheep lay,
That first, best Christmas night.

The shepherds slept; and, glimmering faint,
With twist of thin, blue smoke,
Only their fire's crackling flames
The tender silence broke—
Save where a young lamb raised his head,
Or, when the night wind blew,
A nesting bird would softly stir,
Where dusky olives grew—

And all their gentle sheepy flock
Looked up, then slept again.
Nor knew the light that dimmed the stars
Brought endless peace to men—
Nor even heard the gracious words
That down the ages ring—
"The Christ is born! the Lord has come,
Good will on earth to bring!"

Then o'er the moonlit, misty fields,
Dumb with the world's great joy,
The shepherds sought the white-walled town,
Where lay the baby boy—
And oh, the gladness of the world,
The glory of the skies,
Because the longed-for Christ looked
In Mary's happy eyes!

Nursing in Ophthalmology

J. HERBERT CLAIBORNE, M.D.

New York City.

EVERYTHING that goes toward the making of a good nurse in other departments of medicine goes toward the making of a good nurse in ophthalmology, and more, too. The suggestions I make here before entering the subject specifically apply to nurses in other departments likewise.

In the first place, a nurse seems to believe that in order to make a good impression upon her patients she must wear her clothes so stiff with starch as to make what the French call a "frou frou." I recall once having a nurse in a case who was so bestarched that when she sat down by the patient it sounded as though she sat on a heap of open newspapers. The noise made by the swishing of skirts, and especially of underclothes, produces in many patients a feeling of irritation. The unstarched, clinging variety of lingerie is much to be preferred for nurses.

A quiet, cheeful and business-like demeanor, as a matter of course, is a requisite in all nurses; celerity, accuracy and despatch are necessary in all things. If there are two requisites necessary in nursing in ophthalmology beyond all other qualities, they are accuracy and despatch.

All nurses should cultivate delicacy of touch. This is more or less common to women in general, but is not possessed by all. It is generally assumed that people with small, delicate hands necessarily have delicacy of touch. Such is not the case. I have seen surgeons and nurses with small, beautiful hands who were as rough as butchers; and I have

seen surgeons and nurses with big, rough hands who were as delicate as possible.

In the matter of handling the eye, for example, great delicacy is, of course, necessary. It is desirable that the tactile corpuscles on the ends of the fingers should be well developed.

Another requisite which has not often been thought of by nurses in general, and ophthalmological nurses in particular, is short nails. A nurse with finger nails trimmed to sharp points, as affected by the so-called ladies of society, is at a disadvantage in manipulating the eye. It is quite possible by a maladroit movement to so wound the eye as to produce a serious condition. I recommend, therefore, to all nurses who handle the eye that their nails should be trimmed rather short and rounded, instead of pointed. It goes without saying that the hands should be at all times well groomed and immaculately clean inside the operating room and also out of it.

Obedience of the most implicit character should characterize the nurse who assists an ophthalmologist. The treatment and surgery of the eye are so outside the ordinary forms of treatment and surgery that no one except an expert is entitled to be entrusted with the care of ophthalmological cases. It is rare to find a nurse whose judgment is of value in such cases, and the manipulations of the eye, therefore, should be strictly in accordance with the commands of the attending surgeon.

The three departments in which the

nurse may be of value in ophthalmological practice are:

1. Assistant in a private office.
2. Assistant in an operating room.
3. Assistant or representative of the surgeon in his absence, in the sick room.

The qualities of celerity, despatch and implicit obedience become exaggerated when one enters the operating room. Operations on the eye, particularly cataract or iridectomy, hang upon the performance of a few seconds; within the briefest space of time the success or failure of a case is achieved. Therefore all things should be in readiness and every one on the *qui vive*. Implicit obedience should be demanded and given.

Preparation of Instruments: The preparation of instruments differs in some respects from that of ordinary surgery. I suggest that all ophthalmological instruments except knives should be put into a thick cheese cloth, wrapped up carefully, so that the steel may not come in contact with the tin sides of the sterilizer, and the kit put into the boiler half an hour before the operation commences. Some surgeons use a carbonate of soda solution, but I have never found it necessary when the instruments are protected as stated.

The instruments should not be removed from the sterilizer until just before the operation commences. They should be allowed to become more or less cool. They should then be laid on a sterile cloth and remain covered until the surgeon is ready to operate. He must then arrange the instruments in the way in which he is going to use them, and should instruct his nurse and assistant in their names. One individual alone should hand the instruments. And when they are asked for they should be handed quickly,

When sutures are to be used they should not be boiled with the instruments. Each suture for the eye should be about 6 to 8 inches in length and the needle holder should clamp needle about its centre. Each needle and suture should be inserted in separate layers of cheese cloth, so that in the boiling process the threads will not become entangled with each other or the other instruments. This is exceedingly important and prevents delay.

The sutures should be laid to one side of the other instruments in their regular order with the needle holder clamped upon one needle, as suggested. I have seen any amount of delay caused in the operation for strabismus, for example, by the entangling of the threads, and in those operations on the eyes which require a number of threads the complication becomes exasperating.

In these days of cocaine anaesthesia the patient is conscious of everything that is going on, and any delay or failure to progress rapidly will produce demoralization. We should make no errors in this matter, not only because of the artistic desire for a perfect performance, but on account of humanitarian feeling for the patient. It is interesting to remark that catgut sutures are not used for the eye; the so-called china bead black silk takes their place. The finer the silk, provided it is strong, the better the suture for the eye as a rule. There are certain operations, however, which require one thickness of sutures, others that require another. These are always selected by the operating surgeon before the instruments are prepared.

It is obvious to those who know about the eye that the ordinary methods of cleansing used for the skin, etc., cannot be employed here. We cannot even

scrape the external part of the eye. We have to be content with washing it with sterile green soap and cotton, with the eye closed to keep the soap from entering. To use alcohol would cause risk of irritating the eye. After the soap has been washed off with sterile water, bichloride 1-3000 is used to render the external surface sterile.

Sterilization of Instruments: As in operations on other parts of the body, it is important that all instruments should be perfectly sterilized. There is a general impression that if cataract knives are boiled the temper is destroyed. This is absolutely not true. The most delicate form of cataract knife or iridectomy knife can be boiled without injuring its temper. Dry heat will injure its temper, however, and it should be seen to that the knives are submerged in the boiler. It is my custom to have a separate holder for knives, made of copper or porcelain. This is sterilized before the knives are placed in it, and as soon as they are placed therein I pour on them five per cent. of carbolic acid. After remaining there an hour before operation they should be taken out and placed in a solution of absolute alcohol in a sterile dish, and subsequently the alcohol should be poured off and the knives submerged in sterile water or normal saline solution. The carbolic does not in any sense dull the edge of the knife. From my personal experience I am convinced that if the knife be taken immediately out of the absolute alcohol it is more difficult to push it into the cornea than if it has been immersed in either carbolic acid or normal saline or sterile water. It seems to me that a surplus of alcohol on the knife hardens the tissue and makes penetration somewhat more difficult. Knives, therefore, should

be taken out of the sterile or normal saline solution just before they are used and wiped off before they are handed to the surgeon. The assistant should not attempt to wipe the blade at all, as cataract knives are exceedingly delicate and any manipulation whatsoever of the fine point may have a bad result on the operation. The surgeon himself should do this.

Disinfection of the Eye: There is a difference of opinion as to disinfection of the conjunctiva. We know that it is quite impossible to absolutely disinfect the conjunctival cul de sac. A large number of microbes have been found to exist in an apparently normal cul de sac, among which there are pyogenic ones. An experience of twenty-six years has convinced me that our only hope of rendering this region more sterile than it normally is, is by mechanical lavage. To that end I employ syringing with normal saline or sterile water. At times a saturated solution of boric acid may be advisable, though I am rather in favor of the saline. I have long since ceased to use bichloride of mercury in my operations on the eyeball itself, though a number of surgeons have reported good results from its use. I have always found it to produce an irritation of the eye and this is certainly not of advantage in any operation in this region. Inasmuch as we know that congestion is the first stage of inflammation, the more blood is brought into the part, the more likelihood there is of infection with pyogenic microbes. I believe that any irritation of the conjunctiva antedating an operation tends to increase the possibility of infection. Disinfection of the lashes is practically impossible. We wash them off sometimes with sterile soap, and afterward cleanse them with

a little ether. Some cut off the lashes completely before operation. I doubt the efficiency of any one of these measures or all of them. We can only cleanse the lashes with soap and water without irritating the eye and subsequent removal of the soap by sterile water. We, therefore, have to trust, to some extent, to fortune in our operations upon the ball of the eye, for we cannot completely disinfect the cul de sac, the lashes, or the external skin immediately surrounding the eye. We therefore have to rely upon the sterility of our instruments and our hands in the main.

As to our hands, it is impossible to sterilize them completely, as is well known. General surgeons have overcome this disadvantage by the wearing of rubber gloves. These cannot be used in operations on the eye, as knives must be held with great precision and steadiness.

As soon as any operation on an eye has been finished, the surgeon dresses it. In operations on the outer surface of the lid, stitches are employed and the wound dressed after the manner of wounds in general.

If it is a cataract extraction or a so-called iridectomy or enucleation, the eye is simply closed, and sterile pad placed over it. Surgeons differ in regard to the character of the pad and the manner in which it is prepared. Once upon a time I was accustomed to use sterile vaseline spread over a piece of sterile gauze and I am not so certain that this is not an excellent dressing in all cases. Of late years I have used the dry method.

For a single eye, I use a pear-shaped pad of sterile cotton fairly thick, lined on each side by a piece of sterile gauze which snugly fits the shape of the cotton. This is laid upon the eye with the stem

of the pear lying upwards and toward the root of the nose. The pad should be large enough to cover the entire eye and extend beyond the external canthus. The stem of the pear lying upon the brow is intended as a point on which to lay the bandage and hold the pad in place.

The manner of applying the bandage, which ought to be of gauze about an inch or an inch and a half wide, it is unnecessary to describe minutely. Suffice it to say that after the bandage is secured by two turns around the head it should be brought under the ear corresponding to the eye and the pressure made from below upward, and for the other eye from above downward.

When both eyes have to be covered, as in cataract extraction, I have a double pad, made similar to the one described, but attached together by a bridge like a pair of spectacles; passing from the centre of the bridge upward is a stem, which lies upon the brow. This is held by the first turn of the bandage. The first eye bandaged is the operated eye; subsequently the bandage is carried down over the unoperated eye. The bandage should not be too tight. The best way to keep a bandage from slipping is to put a piece of oxide of zinc plaster over the termination of the bandage and another piece behind on the occiput, where the bandage is most apt to slip.

A patient who has been operated upon should be allowed to lie on the table for a short time, in order that the nervousness incident to the operation should pass away and the subsequent spasm of the lids, which is sometimes present, has been quieted.

The duty of the nurse after the operation depends very largely upon the operation. Any operation upon the ex-

ternal eye or upon the muscles, such as tenotomy, enucleation, often requires no more than ordinary care, taking the temperature, looking after the patient's well being, watching his pulse and temperature and seeing that the bandage does not slip, making a record of anything that takes place during the period of watching.

About the same thing is necessary after the operation of iridectomy, which usually heals quickly and without abnormal incident. It is after cataract extraction that the gravity of the situation becomes pronounced. Some surgeons operate in the bed on which the patient is lying, and others prefer the operating table, permitting the patient to walk from his bed to the table. The latter procedure is certainly attended with many risks. In the first place, there is the possibility of falling and striking the eye, for there's many a slip betwixt the operating table and the bed. If the patient is operated on in his own bed

this risk is eliminated. The nurse who leads such a patient to his room assumes a great responsibility, particularly if the patient has to go upstairs or down.

The room should be as a rule darkened. Some surgeons object to this and keep the room lighted. The patient should be comfortable and the head should lie quietly at a comfortable height. The patient should be left on his back for forty-eight hours, day and night; and the duty of the nurse is to sit by that patient and not go to sleep. Patients have frequently struck themselves during the night by accident, and it not infrequently happens that a patient becomes maniacal during the night and tears off the bandages, causing destruction of the eye. All the responsibility in this matter for forty-eight hours lies with the nurse in the absence of the surgeon. If the nurse requires help she should call for it. If she does not, she is responsible for any accidents.

11 East 48th Street.

The Christmas Bells

The time draws near the birth of Christ:

The moon is hid; the night is still;

The Christmas bells from hill to hill

Answer each other in the mist.

Four voices of four hamlets round,

From far and near, on mead and moor,

Swell out and fail, as if a door

Were shut between me and the sound;

Each voice four changes on the wind,

That now dilate, and now increase,

Peace and good will, good will and peace,

Peace and good will, to all mankind.

—ALFRED TENNYSON.



CHRISTMAS MORNING, HOSPITAL FOR SICK CHILDREN, TORONTO.



LISTENING TO THE CHRISTMAS STORY, HOSPITAL FOR SICK CHILDREN, TORONTO.

Occupations and Amusements for Convalescent Children

IONA GRATIA WILKINS.

THE hardest work in the care of children is not when they are seriously sick, for then the youngsters' chief desire is to be "let alone," and judicious letting alone, by the way, is one of the fine points of nursing. The really hard work comes later, when convalescence smiles around the bend in the road to recovery and the spirit of youth comes back to its own, eager to be up and doing, intolerant of tedious delays and restraints. There are hours of fretfulness and irritability when one has to push hard against embryonic black clouds; fresh games must be invented when the old ones pall, and a new role of comrade and playmate must often be added to that of nurse, for the Boredom Bacillus must never be allowed to infest the Tiny Tad's Land of Getting Well. Hard work, but—well, I have spent many hours with the children in this way, and I count every one of them pure gold.

One thing to be remembered in dealing with children is that, while each child has his own individual temperament, there are few who cannot in some way be won over to perfect comradeship. It may take a great deal of effort, untiring patience—but sooner or later one finds some key which unlocks the gateway to a child's affections.

Keep your children busy, keep them interested, throw yourself into the spirit of their funny little games, play *with* them—you lose no dignity in this way.

One thing which appeals to nearly all children irrespective of "race, creed, or

color," is story-telling. From the little tots, who listen eagerly to the adventures of Prince Fairyfoot in the enchanted forest to the older ones who appreciate word pictures from Scott or Dickens or Stevenson, there is not one who will not yield to the magic.

Told stories seem to children more real and more intimate than those read from a book, and their uses are endless. Many glasses of milk have gone down unwilling little throats because, when the last drop was swallowed, the wonderful "Tar Baby" would be told; many a child has taken willingly a rest hour in the middle of the afternoon, knowing that in the quiet of the darkened room someone would sit by the bed and recite verses from Stevenson's "Child's Garden" or Eugene Fields' "Love Songs of Childhood." The antics of Br'er Fox and Br'er Rabbit have often distracted attention from tangles in curly hair, and at night the sandman steals in unawares, under cover of Old Father Pumpkinhead, or Aladdin and his Wonderful Lamp.

A promissory note made out in due form for two stories, payable on demand, is very comforting to think of while a disagreeable treatment is in progress.

To tell stories well is an art. One must not only have a wide knowledge of children's folk-lore, but a sympathy for them as well. "I don't like Miss A.'s stories," wailed a small patient. "She doesn't tell them *to me*, she just sits and

tells them." Children are so very quick to see the difference between genuine and simulated interest.

Dolls and their accessories always have a warm place in the hearts of little girls, and the suggestion of making a nurse dolly with a "really truly" cap usually meets with warm approval. The top of a long, deep pasteboard box (one in which coats and suits are packed), with one side removed, makes an ideal hospital ward where little stray dolls with broken arms and legs may come to be bandaged and properly treated. In that case, a doctor's services are necessary and he can be made truly impressive in a white suit with a red cross on the arm.

Matches, with the sulphur end removed, can be whittled into thermometer shapes, and marked off with pen and ink, and soda straws, cut in the proper lengths, make excellent feeding tubes. Once established, this doll hospital will keep the little patient busy for some time each day, for, of course, the afflicted ones must have temperatures taken, baths given, and the doctor makes many rounds. Weird prescriptions are sometimes given. "This lady has a bad headache," complained the nurse-doll. "Give her four teaspoons of mucilage every morning," commanded the oracle.

The antics of "Brownies" are enjoyed by boys and girls alike.

To make them, get a large size heavy marble and bend a stiff shirt cuff into a tube just long enough for the marble to roll through. Fasten a piece of white cloth smoothly around the tube, and at each end of it put a piece of velvet, gathered like a Tam o'Shanter, the marble being inside the tube, of course, before the second "Tam" is sewed down. This is the "Brownie's" head and

body. Sketch the face below one "Tam," stitch two pieces of cloth for legs to the other "Tam" where they should dangle limply. A coat and waistcoat are next appliqued to the tube in the correct place, a collar and tie may be added. The sleeves are made like the legs. Now stand your "Brownie" on his head, and see him stay there—tip him at any angle of 45 degrees, and he sits that way. Get a board (an ironing board is fine), put one end on the bed, the other on the floor, set "Brownie" at the top and push him. Down he will go in a series of grotesque somersaults, which never fail to bring out shrieks of laughter. Each child will be sure to find out new "stunts" for "Brownie" to perform. But be sure that the "Tam" is just full enough to hold about half the marble, as it rolls out of the tube—if it is too full the marble will not give the proper push against the wall of the tube and "Brownie" will not tumble. Any material may be used for dressing, but velvet is best for the two ends, as the thump of the dropping ball will soon wear out a thinner material. If the cuff is not convenient to use, picture tubing is just as good.

Blowing soap bubbles is a good way to pass an hour or two, particularly if the patient is well enough to participate in the fun, and some other member of the family can be induced to enter the lists. Lukewarm soapsuds, to which has been added a little glycerine, I have found a satisfactory "bubble solution." Offer prizes for the largest bubble, the prettiest one, the one that lasts the longest, etc. If a pipe breaks, substitute a truncated cone of stiff cardboard, a straw with the split ends turned back about 1-16 inch, or a spool, the cone blowing quickly large bubbles, while the

straw and spool produce tiny ones. A plate wet with the suds may be inverted and bubbles piled up in a mound. An old blanket or rug may be used to throw the bubbles on, or an open window may invite the floating spheres to set out on an aerial trip, leading to stories of where they went, what they found and what finally became of them.

Did you ever try "combination drawing?" The first person draws a head of some sort, and folds over the paper, leaving two dots to show where the body should be attached. The second person draws the body, folds over the paper, and an obliging third puts on the legs. It doesn't sound so funny, but wait until you get a donkey's head on a cat's body, supported by chicken legs, and see if your small patient doesn't like it.

Beads can be put to a variety of uses—chains and bracelets for child or dolly may be made; bags and purses may be cut from crinoline and stitched into shape after the beads are sewn on; or the beads may be strung on thin wire and made into baskets. Along with beads come other kindergarten supplies—strips of colored paper woven into perforated drawings to be worked out in colored threads—raffia for weaving into hats, baskets and so on. These things not only occupy the children's minds and hands, but also help to develop color sense, ability to design, etc.

Modelling in clay is usually enjoyed by the older children—if you have not the wooden tools which come with the colored clays, a penholder may be whittled into a spatula, etc. There are several substitutes for clay for sale in the toy stores which can be used to good advantage, because they do not need to be kept damp.

Making scrapbooks is a popular amusement, and is particularly interesting when the youngster is making them for some other little boy or girl less fortunate than himself. The picture puzzle craze still exists among the little folks, and new puzzles may easily be made by pasting magazine covers on stiff cardboard and cutting it into sections; or if a little education is not objectionable, maps may be made in the same way.

Of course, there are any number of amusements which I have not mentioned. Simple card games like casino and "old mail" may be taught to children of average intelligence. The principal thing is to see that no undue strain is put on easily-excited minds and that the new strength is not overtaxed.

Convalescent children usually enjoy their food, but occasionally we find some who are disinclined to eat, especially such things as milk, eggs, beef juice, etc. When one of these is to be taken from a glass, paste a round of paper to the bottom of the glass, enclosing between the glass and the paper a "s'prise," which may be a nickel or a penny, a small picture, a peppermint wafer, and so on, and the glass will usually be emptied promptly to see what the "s'prise" is.

Eggs or oyster broth, etc., may sometimes be prepared in a chafing dish while the patient watches the proceeding—something the average child dearly loves. Plain boiled eggs take on an added charm, if they are colored, like Easter eggs. Baked potatoes mashed into shape of a piece of pie, an orange with the sections skinned and laid in succession around a mound of powdered sugar, strips of bread and butter built into a "corn-cob" house with a berry or bit of jelly or sugar at the bottom in-

side—these, or any other new way of serving the food, stimulate the child's interest and act as a wonderful spur to jaded appetites.

Recently, in talking of children to a nurse, she said: "I love children, but I can't get along with them—why doesn't someone, who can, tell us how?" Because it cannot be told. Children possess common traits, but have very different characters—what appeals to one may be utterly scorned by another.

Last Spring I had a little patient of six, who in her last week of quarantine with scarlet fever, developed miocarditis. The poor baby could not understand why she must stay lying down in bed when she felt perfectly well, and, as I first came into the case at this juncture, she naturally demanded of me the reason. "Honey," I said, "did you ever run and run and run until you were just all tired out and had to lie down on the grass or in the hammock and rest?" "Oh, yes." "Well," I went on, "when you were resting, wouldn't you have thought it pretty mean if someone had come along and made you run some more? When you had scarlet fever that little heart of yours just ran as fast as it could night and day, and now it is very tired and needs a rest, and every time you sit up or cry or reach out of bed,

your heart feels just the way you would if someone made you keep on running." "Oh," very seriously, "I won't be mean to it any more," and for days the little head lay patiently on the low pillow.

This would not have done with another patient, who had a compound fracture and a love of romance. Her bed was nothing more nor less than an enchanted castle, and she a beautiful princess condemned to stay there until the kindhearted prince should discover and release her. One morning the prince did come, and unlocking the gate (the foot-board) with his latchkey, announced, "Princess, you are free," just like the story books, and the princess was carried out to a Morris chair on the piazza.

Study your child, and methods of management will come almost instinctively. So watching, studying, working, we guide the children along the road to recovery until the day comes that we drop the little hands that have clung to ours and call a merry "good-by," but I doubt if this world holds anything more satisfactory than these little sojourns in the children's country where one forgets "envy, hatred, malice and all uncharitableness"—and possibly catches a reflection of that great love which made the presence of little children forever blessed.

Personal.

Miss Frances Crabtree, formerly of Charleston, Ill., has been appointed superintendent of the Davis Hospital at Pine Bluff, Ark.

It is understood that Miss Esther V. Has-son, who has done such fine work as superin-

tendent of the Navy Nurse Corps, contemplates resigning her position in the near future.

Miss Virginia Walker, a graduate of West Penn Hospital, Pittsburg, has been appointed superintendent of the new Mercy Hospital, Altoona, Pa.

Lessons in Chemistry for Nurses

MINNIE GOODNOW,

Superintendent Bronson Hospital, Kalamazoo, Mich.

LESSON V.

ORGANIC Compounds: In time past there was a sharp distinction made between *organic* and *inorganic* compounds. A change has occurred in this matter in recent years, since we have been able to prepare artificially many compounds which were formerly obtained only from plants or animals. We therefore use the terms *carbon compounds* and *compounds not containing carbon* as being more exact expressions.

Synthetic Compounds. Certain dye-stuffs, such as madder, cochineal and indigo, previously gotten from vegetable and animal sources, are now manufactured synthetically from inorganic substances, chiefly coal tar. Saccharin, a coal-tar product, is four hundred times as sweet as sugar and is used in place of it in some diseased conditions, notably diabetes. Vanillin, also made from coal tar, has the taste and odor of the extract obtained from the tonka or vanilla bean, and is used in its place. A number of medicinal drugs which were formerly gotten only from plants are now made up from mineral substances. Sodium salicylate, used extensively in the treatment of rheumatism, is an example of this; the so-called "true" sodium salicylate is made from wintergreen or from willow bark, and is expensive, whereas the ordinary product is made up from coal tar and is quite cheap. New compounds, medicinal and otherwise, are constantly being discovered; these are analyzed, i. e., sepa-

rated into their constituent parts, and later are made up artificially from substances of mineral origin.

This is simply doing in another way what nature is constantly doing for us in her way. In nature, plants grow and develop by means of the inorganic matters which they extract from the soil. Animals do the same thing to a limited extent, but usually obtain their food materials ready prepared for them by plants or other animals which got them from plants. Thus, our muscles are built up and nourished by materials derived from meat, grains, vegetables, or fruits, but which came originally from the earth or from the air. There can be, therefore, no sharp line of distinction between organic and inorganic compounds, for in a multitude of instances they are composed of exactly the same elements.

When we reduce plants to their original elements, we find them composed chiefly of carbon, oxygen, hydrogen, nitrogen, potassium and phosphorus, the first three being the most abundant. These elements occur as starch, sugar, woody fiber, water, and all of the thousands of substances which we call vegetable matter. (The various chemical changes which take place in the growth of plants will be briefly discussed in the next lesson).

Man and other animals throw off in various ways matter for which they have no further use. Urine, feces, carbon-

dioxide from the lungs, scales of dried epithelium from the skin, dead hairs, nails, etc., everything which we call waste, goes back again to Mother Earth. Wind, water, cold, heat, and the various natural forces act upon these substances which have been discarded, break them up into their elements or modify them in one way or another, thus making them ready again for the plants to feed upon. Bacteria frequently assist these processes.

When men or animals die, the same thing occurs on a different scale. The whole organism is broken up and acted upon by external forces or forms of matter which make new compounds ready for the use of future beings. Plants in dying undergo a similar process, which does not differ materially whether it takes a long or a short time. A tree may be burned up in a single hour, or it may be years in decaying; but in either case it is resolved into its elements, these elements being set free to help in the formation of other plants, animals, or rocks, as the case may be.

Thus the *law of the conservation of matter* continues its operation, and the whole process is a round of transformation, change, decay and upbuilding.

Carbon Compounds: Practically all organic substances, whether animal or vegetable, are composed of carbon, hydrogen, and oxygen, with small quantities of nitrogen, sulphur, phosphorus, etc. The number of compounds formed by the combination of these elements is quite remarkable. In some cases it may even occur that the chemical formulae of two substances is exactly the same, but

a different arrangement of the atoms may produce a different substance. The following table of formulae of various organic sub-compounds, chosen at random, will serve to illustrate the infinite variety of the carbon compounds.

Cane or milk sugar	$C_{12}H_{22}O_{11}$
Fruit sugar	$C_6H_{12}O_6$
Starch	$C_6H_{10}O_5$
Alcohol	C_2H_5O
Wood alcohol	C_2H_4O
Oxalic acid	$C_2H_2O_4 + 2H_2O$
Acetic acid	$C_2H_4O_2$
Ether	$(C_2H_5)_2O$
Carbolic acid	$C_6H_5O H$
Camphor	$C_{10}H_{16}O$
Caoutchouc	C_5H_8
Formaldehyde	$H CHO$
Tannin	$C_{14}H_{10}O_9$
Cocaine	$C_{17}H_{21}N O_4$
Quinine	$C_{20}H_{24}N_2O_2 + 3H_2O$
Morphine	$C_{17}H_{19}N O_3 + H_2O$
Strychnine	$C_{21}H_{22}N_2O_2$

It will be seen from this how very slight changes in composition may produce very marked changes in external qualities. There is, moreover, a very great difference between organic and inorganic substances of the same composition. The inorganic compounds are more firmly held together and yield less readily to changes in their surroundings. Organic compounds, on the other hand, are apt to be unstable, i. e., are readily broken up and, by a slightly different arrangement of atoms, reformed into other compounds. This enables us to understand the many and intricate changes which take place during the physiologic processes of digestion and nutrition.

Rome's Training School for Nurses

PHYLLIS T. WOOD, R.N.

IN the February issue of this magazine I was permitted to place before the nursing world the news that Rome might some day have a training school for nurses.

It is with sincere pleasure, which I know will be shared by many, that I am now in position to supplement that meagre notice with the announcement that what seemed then simply rumor has actually taken place. The school exists. It is in its frailest infancy, hardly able as yet to assert itself, but it is nevertheless there, and come to stay.

With charming self-assurance it has unblushingly planted its tender roots in the midst of the great Policlinic, confident that its ideals, demonstrated by faithful practice, will in time overcome all prejudices and cause the mammoth building to capitulate and throw open wide all its doors in acceptance of its pure service.

The school owes its start to the initiative of a committee of Italian women. They have been instrumental in bringing into existence the hope that has been germinating for some years in the hearts of many Italians who have deplored the great want of properly organized nursing in the Italian hospitals. A goodly representation of the medical profession has given countenance and support to the idea, and, finally, the hospital administration, with the consent of the government, has furthered the scheme by erecting an appropriate building for the school within the grounds of the Policlinic. This building is a pretty nurses' home; and it has also devoted

two pavilions (a medical and a surgical) of seventy-five beds each, in which the first practical instruction will be given. The surgical pavilion comprises an operating room and two dressing rooms. In this pavilion alone 700 general operations take place yearly. The Nurses' Home accommodates forty persons, and its plan and furnishing show that the idea has been grasped of the needs required in such a building; needs that, while supplying the pupil nurse with cultivated and refined surroundings, will prove in time valuable assets in the gradual unfolding of the reform that is taking place. For the present all the essentials have been provided within the home, and this with the utmost good taste and discretion. This simple beginning shows promise of a future development.

Owing to the deplorable deficiency here in Italy of persons properly qualified to teach, several hospital graduates from England have been engaged to conduct the course of study, and this will for some years to come be in their hands. As time progresses they will gradually be supplanted by the Italian pupils, as these by degrees complete their course and procure the requisite diploma. Nine pupils have so far been enrolled and under the guidance of the English graduates work has commenced in earnest in the two above-named wards.

The course will extend over two years, but a regular school curriculum has not as yet been decided upon; however, by the time the new scholastic year opens the usual course will be organized and

carried forward. Graded lectures will be given by an appointed medical staff, and class work and repetition by the superintendent of nurses.

The hospital administration assumes the initial expenses of the establishment of the training school, but its future support will depend on the generous aid of public-spirited people. Already a fair response has been made to urgent appeals, but extensive funds will be required to further the growth of the institution.

Without just reason the world may criticise Italy for having been backward in promoting such a common need, but let us not forget that *trained nursing*, as it is understood in America and England, has hardly celebrated its jubilee. Italy, as a nation alone, is some years younger, and it has been the lot of few other powers to rise from the conditions she was subjected to in her past and attain the political standing she now holds side by side with older nations. To judge by the rapidity with which she has taken advantage of modern progress it can easily be foreseen that it will not be long before she steps into line also in this new reform, and in the near future offer examples and methods not only of good imitative but also original work. She has already done so in medicine.

Certainly all the old established training schools of the United States will hail the advent of this little foreign sister, and with interest watch her grow, remembering how not long since they, too, had to overcome prejudice and mis-

understanding among their own people to attain the honorable standing they now hold in the professional world.

It is the laudable intention of the Roman Training School Committee to promote this hospital reform throughout the country. For this they will endeavor to institute sub-committees in each principal city whose work will be to prepare the ground by getting into accord with the separate hospital administrations for the future establishment of schools similar to the one in Rome. These sub-committees will also, meanwhile, recruit candidates from their respective cities and send them to Rome for the course of study, so that these future schools will not have to fall back on foreign countries for their teachers.

One of the chief promoters of this humanitarian enterprise is Queen Elena. In this era so universally dedicated to answer truly to the charge, "Where is Abel, thy brother?" she stands foremost in the generous personal share she gives to schemes for human welfare. And her feminine subjects are doing honor to her example. To these women will be due in the future the gratitude of thousands of sufferers.

"They talk about a woman's sphere as tho' it
had a limit;

There's not a place in earth or heaven,
There's not a task to mankind given,
There's not a blessing or a woe,
There's not a whispered yes or no,
There's not a life or birth

That has a feather's weight of worth
Without a woman in it."

The Angel of the Elevated

MARION A. STEWART.

IT was Christmas Eve. Chalmers was tired. He flopped wearily into the first vacant place the car offered and hid behind his paper, praying he might not meet anyone he knew. Even after two years of it a man doesn't grow immune to the sympathetic stares of the women or the "poor devil" pity flickering in men's eyes.

The small, tough-looking youngster next him drew pictures of Happy Hooligans on the window pane with a damp, smudgy finger. Finally he added an inch or so to the grin, put another story on to the fearful hat, then turned and stared at Chalmers, stared so hard and unceasingly that Chalmers unconsciously stared back for a moment, then instinctively stretched out his hand until it closed over the small one. Across the boy's freckled cheek it stretched in a deep, vivid line—the scar—almost as deep and vivid, almost as brutal as the one that marked Chalmers's face. "Gee," drawled Bobs, "dat's a corker, ain't it? Why, it's worser'n mine." Then he saw, and in his way understood the pain in Chalmers's eyes, the whiteness of his face. "Hurts, don't it?" he asked. "I uster be that way, too, but I don't give er rip now. Was you in the horsepittle, too?" "No," answered Chalmers, "I wasn't." He wondered how long the imp could keep up the inquisition—why, even his friends had not dared to mention it. "Ah, now, dat's a shame," sympathized Bobs. "If yer'd been in the horsepittle wid me an' had the nurse I did yer'd be feeling a blame sight better now. How'd yer get it, anyhow? Scrap-

pin'?" Chalmers admitted that he had not been fighting. "I was," Bobs announced gleefully. "I was scrappin' wid me brudder; he didn't mean ter hurt me ner nuthin', but he give me a push an' I butted me head on ter de hot stove wid me cheek down an' it was de ambulance fer mine an' good-bye ter home and mother. Gee, but dot cheek hurt at first. I uster near chaw de bed clothes ter rags trying not ter holler. Dey used me white, dough, up at St. John's. Miss Greyson was my nurse, an' she was a corker."

Chalmers moved restlessly. Miss Greyson? Why, she had been his nurse, too. She had taken care of him after the accident. Chalmers had learned from her how white and straight and wholly adorable a girl can be. He had bowed himself down before the dark glow of her face, beneath its little, filmy, white crown. She had made everything so bearable that a man could not help but love her, and sometimes Chalmers had thought that there might be something more than a touch of professional kindness in her hands. So he dreamed until the day when the bandages were taken off and he staggered over to the long mirror. Then he knew; and when Miss Greyson said good-bye he let her go with a conventionally worded gratitude for her kindness. Since then he had been trying to forget, and this boy—"A corker, well, I guess. Why, dere wasn't a nurse in de buildin' dat was one, two, three wid her. A lot of 'em was always foolin' round wid deir darlins and deir dears, an' tryin' to kiss a

chap, but none of dat for Miss Greyson's. She was just as white an' straight as a feller, only more so. An' she was honest injun wid her word an' didn't snitch on de kids. Say, dere wasn't a feller in der ward dat wouldn't roll up his sleeves an' fight fer her. Swipesey Harris, he was de limit—cussed de nurses an' kicked one of de doctors in de jaw, but he'd mind Miss Greyson, you bet. One night, when she an' de doctor was dressin' kid Mahoney's arm behind de screen, Swipes sneaked out er de bed an' pinched de lookin' glass out of der washroom so's I could say hello ter meself. Dey'd just taken all de dressin's off fer keeps an', gee, I'll never fergit dat face in de glass—it was de limit! I didn't let on it hurt den, but when de odder kids was sleepin' I just felt hot all over an' me t'roat hurt an' I felt on de bum alright. Miss Greyson got wise dat somethin' was up an' come in ter have it out wid me. I didn't snitch on Swipes, but I let on ter de game of seein' me face. Say, she was a peach dat night. She said it wasn't bad at all, dat she liked me just de same wid de scar as widout it, an' anyhow she said our faces didn't count if we live on de square an' be decent an' white. She made me give me word dat I wouldn't turn sour on de world, an' mug off by meself or go to de bad, thinkin' no one cared. Den she told me 'bout a chap she knew once; he was a good-looker an' played centre on de football team an' was wise ter all de sports an' everything. One day some kid got mixed up wid a trolley an' he joined de mix up an' hauled de kid out alright, but he got

his own face smashed ter beat de band. When he got well he had a scar—a regular ripper—jus' like mine, an' it made him sore on everything, mugged off by himself and wouldn't have nothin' ter do wid anyone. An' Miss Greyson said folks was jus' standin' round waitin' ter be decent ter him an' he wouldn't give dem de chanct. She says: 'Bobs, he just locked de door on his happiness and stood outside wid de key in his pocket.' He must have been a crazy guy, anyhow. Miss Greyson must have liked him, fer she cried an' cried when she told me an' her face was awful sad. 'Bobs,' says she, 'just let people like you all dey want ter—don't keep dem off when all de happiness dey want is ter be nice ter yer.'"

Chalmers leaned forward excitedly. "Did she say that, did she cry?"

"Surest thing yer know," said Bobs. "She's a peach alright. She got me a job downtown in her brudder's office till school time. It's me first pay day an' I'm blowin' her, see?" Undoing the tissue-paper covering Bobs waved triumphantly a bunch of drooping red roses, wired as to stems and blossoms, but red roses still. "Dey cost a quarter," Bobs confided, "but, gee, she's wort' it."

Chalmers's eyes grew misty. "Miss Greyson isn't at the hospital now?" he asked.

"Nope," said Bobs. "She ain't; she's home, West Eighty-sixth street; I'm going there now."

He jumped up as the train slackened and Chalmers, following, laid his hand on his shoulder. "Wait a minute, Bobs," he said. "I'm going to call on Miss Greyson, too; let's go together."

Editorially Speaking

Frank G. Rose

IT is with deepest sorrow that we announce the sudden death of Frank G. Rose, beloved son of Annette Sumner Rose, on November 13, 1910. Mr. Rose was business manager of THE TRAINED NURSE AND HOSPITAL REVIEW.

The Christmas Spirit

AMID the multiplicity of duties that fall to the lot of the nurse, whether she finds her work in hospital wards, in private homes of wealth, or in homes where the pinch of poverty is keenly felt, it is worth while to give the Christmas spirit the right of way for a week or two, for its own sake. It makes an oasis in the bleaker stretch of the year. Instead of reiterating "It doesn't seem a bit like Christmas," as nurses so often do, just make it seem like Christmas. Get into the spirit of it. Read over once again the story of the first Christmas. Ponder on its influence on the hearts of men till a bit of the old-time Christmas gladness that thrills the hearts of children comes to you. If, as is very natural, your mind goes back to the happy by-gone days, when for weeks you talked of Christmas by day, and dreamed of Santa Claus by night, let it not be with wistful regret, but rather with thankfulness at having found a place of such splendid service and wonderful opportunity. Get, if you can, a copy of that beautiful little romance by Van Dyke, "The Story of the Other Wise Man."

Keep it and when your work grows prosaic or monotonous, read it over and over again until you see the glory in a life of service. That wonderful little "inasmuch" text can transform the most commonplace life, changing difficulties into opportunities, and weary duties into loyal service. Our circumstances may change, but the deepest instincts of human nature are the same in every age. The joy of giving is always greater than the pleasure of getting.

Then don't forget that there are hungry hearts, and lonely, depressed spirits to be ministered to. To those who are ill the sound of Christmas bells may but add to depression of spirit, unless those who minister will take pains to radiate the Christmas spirit till it reaches every corner of every room. Don't be afraid to spend a little time and effort on decorations, for a touch of red and green and tinsel to look at helps wonderfully in making the day a festive occasion. In one hospital in New York City the nurses begin the day for the patients by the singing of Christmas carols in the corridors—a gracious old-time custom that might be introduced with profit into every institution. Some one has well said: "They only, whether in high place or in lowly, who endeavor to persuade men to listen to the angels' good-will song of peace and who by uncalculating thought and kindly deed relieve the necessities of the poor, the lonely and the hungry-hearted, who make glad the little children—they only have caught the spirit of the Christmas

time. And as such ministers of peace and good-will go their rounds of loving service, they are singing again all unconsciously the "Gloria in Excelsis."

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Hospital Accidents

IN the very able paper by Mr. Lodge and Miss Goodnow, found in this issue, attention is called to some of the common causes of hospital accidents. There is much in the paper that is worthy of discussion. In particular we would call attention to one or two things: "If a superintendent," says the writer, "cannot obtain the help needed to give patients safe and sufficient care, he is hardly honest if he does not inform them of the fact." "A very large number of the mistakes which nurses make are the result of their having been insufficiently taught." . . . "Most of us overwork our nurses because we cannot get or cannot afford to pay for enough help." The first quotation raises an interesting question: Is a hospital justified in taking in more patients than its nurses and general staff can properly take care of? This is a very important question to be answered many times. For instance, a large new hospital was starting. It had enough nurses to carry on a limited amount of work but not enough to completely staff the whole building. The superintendent was conscientious, one who took pride in providing good nursing for every patient. She took the position that "we are not responsible for the patients whom we do not admit." There were plenty of other hospitals to which any patient could go, hospitals which had passed the first stage in organizing and which had a well staffed institution. The board, being ambitious, took the position that to refuse to admit any case, especially a paying case, when

there was a bed or room to accommodate him, was a crime. They were not financially able (or willing) to pay for more graduate nurses than they had. Now, which view was right? This is no imaginary situation. There are few criticisms of hospitals more baneful than that patients are neglected so far as nursing is concerned. It might also be added that there are few criticisms more common, especially in the last four or five years when the supply of nurse probationers has been unequal to the demand. We could name dozens of hospitals which have achieved a reputation for neglect as to the nursing of ward patients. A doctor brought a patient from a small town to a certain city hospital. He was uncertain as to what the trouble was, and asked to have him watched very closely. The head nurse assured him that he would have every care. (Some form of brain trouble was suspected.) The doctor noticed that on leaving the room the head nurse took the precaution to turn the key in the door. He made a round of errands in the city and returned four hours later to see his patient once more before he left for home and insisted on seeing him. When they unlocked the door and entered the room they found the patient (who was in a semi-stupor) on the floor under the bed with his street clothing still on. No one had given this very ill patient any attention in the four hours he had been in the institution. The excuse was made that they were short of nurses, which was true. But again the question comes up: Is a hospital justified in admitting patients when its officers know they are not prepared to give reasonable care? Would such an occurrence be called a "hospital accident?"

Nursing the Limited Means Patient

In this issue will be found the report of the committee appointed in 1909 by the American Hospital Association to consider the education and training of nurse assistants for the care of people of moderate means in their homes and the nursing of patients suffering from chronic diseases.

While the report brings out nothing new on the subject, it emphasizes certain points and brings into review the various methods and suggestions already in operation or put forward.

There are two conclusions which have for a long time seemed inevitable to those who have studied such a question impartially. These are that the remedy lies first in organization—organization of a society which will make a business of supplying nurses for people of limited means just as there are societies for supplying visiting nurses and directories for graduate nurses; second, in requiring all who aspire to nurse for hire to understand at least the rudiments of nursing and fundamental principles on which nursing is founded, in other words the establishment of grades of nurses with supervision by graduate nurses in every county; third, by some form of support of a central country headquarters for such nurses. Such work would be large-

ly self-supporting, but as a rule some help would be needed especially at the beginning.

We are told that the principal ones to object to such a scheme would be the graduate nurses who fear competition from this class of workers. To this we have only to say that competition already exists and will undoubtedly not grow less. At present we have competition with absolutely no supervision or control of such nurses. Anyone, however ignorant or immoral, is at liberty to get out her "professional" cards stating that she is a nurse. She may not know how to make a bed, or even to boil water, but she can enter the sick room as a worker and practise an art of which she is entirely ignorant, or pretend to, and demand her pay. Present registration laws ignore her entirely, while meanwhile she flourishes and multiplies.

The graduate nurses can choose between competition without supervision and competition with it; competition with a measure of control or competition without it. They can retard the settlement of this important question by their attitude toward it, for a time, but right and order will eventually come out of the present chaos, if not with the help of those who now oppose them, in spite of them.

A Court of Honor.

Miss Mary A. Cotton, lady superintendent of the Lady Stanley Institute Training School of the General Protestant Hospital, Ottawa, Canada, has organized a "Court of Honor," which has for its members all pupils in training. Its object is to make the nurses self-governing—with limitations—responsible members of the school, dependent upon themselves for the

maintenance of all that is just and in keeping with standard requirements and the loyal observance of becoming conduct, and of the training school rules and regulations by each individual nurse and by the nurses as a body. We hope to present full particulars of this very interesting departure in our next issue.

The Hospital Review

Report of the Committee.*

To the American Hospital Association:

Your committee begs to submit the following report as the result of its investigations:

Introductory—In the report of the Special Training School Committee of last year, a general recommendation was made that another committee be appointed to investigate the nursing of people of limited means in their homes, and the education and training of nurses for this work.

Dr. Herbert B. Howard, president of the association, appointed as this committee:

Dr. Frederick A. Washburn, Massachusetts General Hospital, Boston, Mass.

Miss Mary M. Riddle, Newton Hospital, Newton, Mass.

Dr. Charles H. Young, Presbyterian Hospital, New York City.

The committee held its first meeting in Boston, December 14 and 15, 1909, and elected Dr. Washburn chairman and Dr. Young secretary. The second meeting was held in New York City, January 21 and 22, 1910. The following representatives of hospitals, training schools and nursing associations appeared upon invitation:

Miss Fraser, representing the Vincent Memorial Hospital, Boston, Mass.

Miss Hamilton, of the Nurses' Directory of the Boston Medical Library.

Mr. R. M. Bradley, representing the Brattleboro Mutual Aid Association of Brattleboro, Vt.

Dr. Frank W. Patch, representing the Framingham Hospital, Framingham, Mass.

Miss Starkweather, representing the hourly nursing service of the Boston Nursing Club.

Mrs. Henry L. Houghton, representing the Winchester Visiting Nurse Association, Winchester, Mass.

Miss Stark, representing the District Nursing Association of Boston, Mass.

Mr. E. B. Anderson, representing the Orange Memorial Hospital, Orange, N. J.

Miss Sybil C. Eden, formerly of the Easthampton District Nursing Association, Easthampton, Mass.

Miss Carolina M. Wood, representing the District Nursing Association of Northern Westchester County, New York.

Miss Juliana Conover, representing the Visiting Nurse Committee of the Princeton Village Improvement Society, Princeton, N. J.

Miss L. R. Pierson and Miss Honora Boulton, representing the Visiting Nurses' Settlement of Orange, N. J.

Miss A. M. Goodrich, representing the Association of Training School Superintendents.

The following were unable to attend, but were interviewed personally by a member of the committee: Miss Julia C. Hicks, R. N. in hourly nursing service in New York City, and a representative of the Metropolitan Life Insurance Company.

Letters were read from Miss Anna L. Alline, representing the New York State Education Department, and Miss F. H. Bescherer, representing the Albany Guild for Care of the Sick, Albany, N. Y.

The committee discussed the problem by considering the following ways in which patients of moderate means are being at present cared for in various places:

1. Trained attendants.
2. Individual hourly nursing.
3. Individual experienced nursing.
4. Insurance.
5. Undergraduate nursing.
6. Graduate nurses under endowment.

1. Trained Attendant—The attendant performs an excellent service for the community so long as she does only the work for which she is trained. The difficulty appears to be, according to the evidence of her teachers and the registries under whose supervision she works, that she is likely to overstep the boundary of her legitimate field and encroach upon the work of the graduate nurse. As she gains the confidence of the community and the doctor, her charges and her self-confidence gradually

*Presented at the twelfth annual meeting of the American Hospital Association, September 20-23, 1910.

increase, and she is caring for acute cases and others for which she has not received the proper training.

There seems to be a use for these attendants. One practical way of managing them is to have them work under the supervision of graduate nurses. Where a State has a proper registration law, and a suitable directory where both nurses and attendants may register, it is feasible for the person in charge to carefully explain the difference between nurses and attendants to people applying for nurses, and be sure that the physicians understand which they are getting. In this way the responsibility is placed upon the physician and family of the patient. A method by which the services of attendants may be utilized under supervision will be discussed later.

2. Hourly Nursing by Individuals—This seems to be impractical for the individual nurse, owing to the expense involved in its business management. The hourly nurse needs to have a capable person always on hand to answer calls, arrange conflicting dates and exert a personal influence in the general arrangement of the work. The only case we have found of successful individual hourly nursing is where the nurse is working among wealthy patients, with her home conditions favorable to a reduced expense account.

3. Individual Experienced Nursing—By the term "experienced nurse" we mean one who has had no hospital training, but who has acquired some experience through caring for sickness in her own or in other households under the doctor's direction. She will be considered later with the trained attendant, under the supervision of the graduate nurse.

4. Insurance—A form of insurance which would mean the payment by an insurance company of the wages of a graduate nurse during the illness of the policyholder or his family.

From the evidence we have obtained from people of authority in large insurance companies, we do not believe that responsible insurance companies would interest themselves in this, owing to the lack of morbidity statistics, the possibilities of malingering, the lack of knowledge of the individual, and the general difficulties of its business management. Possibly local or fraternal organizations could make a success of it because of their intimate knowledge of their members.

5. Undergraduate Nurses — Undergraduate nurses, under the supervision of their training schools, are being used in small cities where the families to which they are sent are known, or information about them is easily obtainable. It does not seem a practical plan for the large city or manufacturing community, where the possibilities of abuse are difficult to overcome, and the routine work of the training school in its relation to the hospital more exacting. It can never be wholly satisfactory, neither can it become a general custom, because of its ill effects upon the training of the nurse due to the lack of supervision of her work. This practice may be used to increase the earning capacity of the hospital and the necessity for increased earnings prohibits proper supervision. Consequently, the plan can never be a favorite with those who believe in thorough training for nurses.

6. Nursing by Endowment—This plan, we believe, offers the best solution of the problem. The question is not wholly one of nursing practice. In many families in moderate circumstances, sickness involves domestic problems, the daily housework, and the care of children.

With a central organization, under practical business management, it should be possible to use to advantage the graduate nurse, the trained attendant, the experienced nurse, and the necessary domestics.

The energies of the more expensive graduate nurse should be largely utilized in teaching her associates in the work, educating the families, directing the work of the untrained forces, and in hourly nursing where this service renders all the necessary help. Where the patient is sufficiently ill to demand the whole time of a graduate nurse this should be furnished through the acute stage of the disease, and during convalescence or chronic invalidism the patient may be transferred to the less experienced worker, supervised by the periodical visit of the graduate. In some cases all that is needed in the household is to furnish a cook or a laundress and thus release the whole or a part of the mother's time for the care of the patient, under supervision of the graduate nurse making visits as frequently as may be necessary. The theory would be to utilize the least expensive member of the force working under this endowment who can do the work efficiently.

It will be necessary to have a certain number of graduate nurses upon salary; perhaps in most communities it would be sufficient to start with one nurse and gradually increase the force as it becomes necessary. Probably the attendants should be upon salary, but the other workers can be called upon as their services are needed, and paid by the day or week as they do their work, or in whatever manner proves to be the most practical.

The source and general plan of endowment will have to be determined to a large extent by the local conditions of the community adopting the system. Possibly some form of local insurance can be worked out to help pay the cost. Fraternal and benevolent orders, churches, and other organizations doing charitable work would undoubtedly lend their support if they can be made to realize that the money invested would be more wisely expended by an especially equipped and organized system than by individual agencies. Every community should be able to furnish public-spirited citizens who would devote a part of their time and energy to helping to make a success of the enterprise, and whose business acumen would insure a proper management.

The patients, of course, should pay such portion of the actual expense incurred as they are able to meet. Where it is practicable, without saddling the family with too great a burden, they should pay the balance later as they are able.

It is often said that nurses should be encouraged to give their services in the class of cases which we are considering, or to sacrifice a part of their pay. Your committee believes that this is usually asking too much. Most nurses have only what they are able to save, and their wages are not high. It is necessary for them to provide for their old age. The solution of this problem should not be thrown upon the nurses.

Respectfully submitted,

FREDERIC A. WASHBURN, Chairman.

MARY M. RIDDLE.

CHARLES H. YOUNG, Secretary.

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American Mission Hospital at Sivas.

A good many small children have been among our patients this year, and it has gladdened our hearts to see how quickly they responded to good care. We like to have them,

as they brighten up the hospital with their happy little faces. Usually these children come from the poorest families, and often they have to be kept for months before a permanent cure can be effected. We kept one small boy with a tuberculosis knee almost a year, but now his knee is almost entirely well.

Our greatest need at present is a separate building for clinics. You know the hospital was built for a missionary residence, and while it is a good sized building for such a purpose, it is crowded full now. At present we are using the only available place in the building, the upper hall, as a waiting room for clinic patients. As all the rooms for female patients open into this hall, and as all kinds of cases are brought in for the doctor to look at, you can well imagine how ill-suited it is to such a use. It is hard also to keep the clinic patients from wandering into the wards and over other parts of the hospital.

Dr. Clark has the approval of the Board to a plan for raising funds during his furlough for a new clinic building. This would be near the hospital, but on the street, where we believe the drug store would get more trade. It would contain, in addition to the drug store, waiting rooms for clinic patients, offices, and sleeping rooms for the nurses. This would eliminate from the hospital all except actual patients, give room for larger wards and more surgical cases, and make the medical work much more effective. We are earnestly hoping that Dr. Clark will succeed in this project. Sivas, it is said, will soon be a great railroad centre, and the need for a large medical work will be even more imperative than it is at present.

We do not know what the coming year has in store for us, but we know that God has blessed us in the past, and we are confident that He will continue to do so in the future. It is not certain how we shall get through the year financially with Dr. Clark away. Owing to the kindness of friends we have been able to buy all our winter supplies. Our hospital cook has contributed one-quarter of his salary all the year to help the poor sick. The prospects are for less paying work during the doctor's absence, and this will reduce our ability to help the needy. It is hard to turn the poor sick away for lack of funds to aid them, and we hope this will not be necessary. We thank

all our friends for their help in the past and ask them not to forget us this year. We especially need their prayers this coming year that wisdom and strength may be given us to carry on this important work in the way our Master would have us do it.

LILLIAN F. COLE, Head Nurse.

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Rockefeller Institute.

Better to encourage the purposes of the Rockefeller Institute for Medical Research, and to maintain and develop its new hospital, which is free to all, and is designed to observe and treat rare and selected diseases, John D. Rockefeller has made an additional gift of \$3,820,000 in securities to the endowment of the institute. This makes the total income-bearing endowment of the institute \$6,420,000, and the total amount of Mr. Rockefeller's gifts to the institute, including lands and buildings and earlier gifts for medical research, \$8,240,000.

The hospital, in conjunction with the laboratory will utilize every agency of modern science in the study and treatment of selected diseases, in the expectation that such work will cure and point the way to discoveries that will be of universal benefit. The diseases that will receive first attention at the hospital are infantile paralysis, pneumonia, diseases of disturbed metabolism, and heart disease.

And since treatment at the hospital, in addition to board and bed, will be absolutely without charge, the hospital will profit largely by this new and necessary income. It is not, however, to be regarded as a separate institution, but merely as a part of the working equipment for medical research controlled by one board of directors.

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Duluth Hospitals.

Perhaps a few items concerning our local hospitals will interest the readers of THE TRAINED NURSE AND HOSPITAL REVIEW. We have four large hospitals, namely, St. Mary's, St. Luke's, Dr. Graham's private hospital, and a City Hospital in progress, which is almost finished.

The City Hospital will have no training school, as far as is known, but will be up to date in every other respect.

St. Mary's, or the Sisters' Hospital, is one of the largest in the Northwest. It has a training school, a well equipped operating room, a

large sterilizing room. Several additions have been made recently, and the detention ward enlarged. Sister Superior, or Sister Helena, who has had twenty-eight years of service and is one of the most able nurses of the Northwest, is in charge of the institution. Dr. Magee is the staff surgeon, and has a fine reputation for his brilliant surgical work.

St. Luke's Hospital is conducted by the St. Paul Episcopalians, and is in charge of Dr. Ryan. Miss Miller, superintendent of the Training School, is much liked by nurses and patients.

Dr. Graham's hospital, located in West Duluth, is a very reliable and popular institution.

MAY PATTERSON.

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Notes and News.

The training school force at the City Hospital, East Liverpool, Ohio, has been increased from twelve to eighteen. Miss Nellie Parrish is superintendent.

Miss Margaret Stoddard has been appointed superintendent of Ellsworth Hospital, Iowa Falls.

Miss Rosanna O'Donoghue has been reappointed superintendent of the New Hampshire Memorial Hospital for Women and Children, Concord.

Miss Anna Louise Davis has resigned her position as superintendent of the Evanston, Ill., Hospital.

Miss Agnes Bushfield has resigned from the superintendency of Western Hospital, Toronto.

Evanston, Ill., Hospital has received for endowment \$500,000 from George M. Patten. It is to be known as the Agnes and Louise Patten fund.

A \$30,000 addition is to be made to St. Luke's Hospital, Fargo, N. D.

The Rhode Island Hospital, Providence, had a daily average of 320 patients under treatment in 1909, as compared with 289 in the preceding year. A total of 6,464 patients were treated during the year.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

The Poultry Business for Nurses.

To the Editor of The Trained Nurse:

In response to your request in the October issue as to suggestions for investment for nurses, I submit the following: The raising of poultry is now recognized as an important and very profitable branch of the live stock industry.

The work is pleasant and well within the capacity of a woman's strength. She is also, probably through the maternal instinct, better equipped to make a success of it than a man, because she cares more for, and will take greater pains to secure, the comfort of her fowls. So far, however, I understand there are more men than women who have taken up this work as a means of livelihood.

There is one millionaire poultryman, and large sums, in one case amounting to \$70,000, have been invested in poultry plants.

Many have also made a complete failure, and their lack of success is due to a number of things.

In the first place, the work demands the same close application and attention to details, combined with good common sense, as any other business. It also calls for a fair knowledge of sanitation, cleanliness, ventilation, diseases and their symptoms and the proper remedies to apply promptly, since delays are generally fatal. Plenty of pluck and perseverance are needed, too, to carry one through disasters which are unavoidable.

There is an abundance of good poultry literature which displays an admirable spirit of helpfulness on the part of those who have been successful.

It has been stated that one ought not to attempt to start in the poultry business as a means of support with less than \$450 capital. So that those who can command from \$1,500 to \$3,000 in addition to their nurse training ought to be able to make unusual progress.

Nowadays some, and probably all, of the State Schools of Agriculture maintain a poultry department where up-to-date instruction is given free of charge.

Mr. Philo has recently opened a fine institute where, judging from his book, the instruction will be of the very best.

My advice to those who feel drawn to the work is this: Plan to take a course at the best available place possible. Next visit at least two successful plants. Then select your breed and start in.

With the amount of capital mentioned, the course at some school and her nurse training, which will be a valuable asset, she ought, within two years, to have a flock of fowls which should yield an income ranging from \$100 to \$200 per month.

L. L. HUDSON.

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Investments for Nurses.

In answer to your request for opinions of nurses regarding the investment of money and change of occupation for those who wish to do less strenuous work, or who wish to take up something different, I will offer my opinion after ten years of institutional and private practice, gained in managing and working in private and public institutions in many different States.

In the first place, I warn all nurses from investing their hard earned money in a private hospital.

In the first place, to buy or build a thoroughly modern hospital requires a much larger sum than most nurses possess, unless she be one of those romantic nurses figured in novels, whose grateful patient makes her the leading heir in his fortune.

And to begin life in a private hospital consisting of an old dwelling converted into just a suggestion of a hospital means work. To begin with a mortgage on it means a loss of what you invested, connected with a few gray hairs and sleepless nights.

In the second place, you have to deal with the rivalry of the medical profession which often goes so far as to have them dictate to you which physician's cases you can care for.

You also have to deal with the criticism of

the people at large, and last of all the patients.

The great trouble lies in the fact that a nurse feels she can do nothing else but nurse. Now that is a mistake.

One of the safest investments of to-day lies in real estate, either city property or land. Do not go in beyond your means, so you will have something to worry about.

While you are waiting for your investment to grow, do some less strenuous work than nursing. Try a course in scalp treatment and facial massage; try fitting up a home where you can keep infants for a couple of hours while their mothers go shopping, to parties, etc., at a reasonable fee by the hour. Why not try an office position in an M. D.'s or dentist's office?

My method which I took may help some. I came West four years ago with seven hundred dollars cash and purchased a ten-acre irrigated tract for \$1,500, payable in four equal payments in four years.

I planted six acres of young Winter apple trees and planted potatoes between the trees each year. The land I rented each year.

My potato crop brought me in a nice interest on my investment each year, and two years ago I paid for it in full.

I now have expectations of a lucrative orchard in a couple of years, one thousand dollars in cash to build a nice home on my land, if I choose to live on it, and I can quit the nursing profession any time I choose. I am in excellent health and happy, and have nobody to dictate to me the way to run my affairs.

Hoping this may be of benefit, I remain,
Sincerely yours,

AN IDAHO NURSE.

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Lost Illusions.

To the Editor of The Trained Nurse:

I have just been reading the last number of your magazine, and it has caused me to pause and ponder on the unconscious sarcasm of many of the articles.

Do not think that I am bitter, or that I have seen very little of the nursing profession, for I am myself one of the profession. I have seen the inside life of hospitals and training schools, and know whereof I speak.

And now, dear Editor, tell me this: Why

are nurses almost invariably more or less deceitful, unfortunately not any too truthful, indiscreet and given to talking to one patient of another, looking out almost solely for their own advancement, poorly educated as a class, and utterly scornful, if not entirely ignorant, of the beauty of these lines of Wordsworth—

"Give unto me, made lowly wise,
The spirit of self-sacrifice,
The confidence of reason given,
And in the light of truth
Thy bondman let me live."

—material and seeking only their own advancement? Why are more than 75 per cent of nurses so self-centred, so engrossed in their own petty affairs, that the whole boundary and horizon of their lives is encompassed by the limitations of their own petty ego?

When I left college, some seven years ago, the day that my class graduated, our class president, a girl of infinite charm and sympathy, spoke a few farewell words, telling us that as we went out into the world, that the great forces of life were love, service and sympathy, and that only as we interpreted life by their means would we live it in the full beauty. know and feel and comprehend something of the Divine beauty of unselfishness.

Do such thoughts as these animate a nurse in training to-day? Whatever the ideals of the past, do we not find in the training school to-day the great majority (observe, please, I do not say all) of the nurses filled with a petty spirit of jealousy, striving for their own advancement only, and a great many very much afraid of accidentally doing a little too much work?

Now possibly, dear Editor, you think I am speaking from a very limited experience of nurses, but such is not the case, believe me. Among nurses I have found whole-souled, noble women, women of high unselfishness and single-hearted purpose, whose lives refute all these charges that I have made. But how few are they, how infinitely feeble their influence, beautiful as it is, among the self-centred selfishness and narrowness of the many thousands!

Tell me, if you can, that I am wrong; restore to me, if possible, the lost beauty of a great faith in the profession, done to death by actual, living knowledge of conditions whereof I speak.

A NURSE.

Book Reviews

Fever-Nursing. By J. C. Wilson, M. D., Professor of the Practice of Medicine and of Clinical Medicine of Jefferson Medical College, Visiting Physician to the Jefferson and Pennsylvania Hospitals, etc. Price \$1.00, post paid. For sale by the Lakeside Publishing Company.

This book has been reviewed so many times in our magazine that it would seem hardly necessary to mention more than that it is the sixth edition, revised and enlarged. But for the benefit of any not familiar with the work we would state that the pages embody the substance of a course of lectures on Fever-Nursing, originally delivered before the nurse class at the Philadelphia Hospital. The author has sought to treat the subject in plain words and from the standpoint of the physician to teach not only, *how* fever patients are to be cared for, but also *why* they must be cared for in particular ways. The author believes that many books found in nursing literature are loaded down with anatomical and pathological detail impractical for the student of nursing to master among her other duties in the ordinary course, and having little bearing, either theoretical or practical, upon her life work. Others are burdened with directions and explanations much more minute and lengthy than, as it appears to the writer, the subjects require. To take the middle course, avoiding on the one hand irrelevant and theoretical matter and on the other unnecessary detail in familiar things, has been the aim constantly in view in the preparation and revision of the book. The book contains a number of valuable charts.

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Pocket Encyclopedic Medical Dictionary, by Clarence W. Taber; Nicholas Senn, M. D., Ph. D., associate editor. Bound in black flexible leather, 418 pages. Price \$1.50.

This is practically Taber's Medical Diction-

ary for Nurses, such as has been on sale for the last few years. A handsome flexible leather cover, with the printing in gold, has been added. A paragraph has been added to the Preface, a slight re-arrangement of the Index has been made, and four pages of Medical Laws, regulating practice in the United States and Territories, has been added in place of an equal number of blank pages which appeared for memoranda in the previous editions.

To all intents and purposes, therefore, it is the same book. But while this is the case, it does not decrease the value of the book as a book. A great deal of labor was spent in compiling this work, and when one has once learned to use it and its cross index system there is no doubt that it will be found a mine of information.

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A Text-Book on the Therapeutic Action of Light, Including the Rho Rays, Solar and Violet Rays, Electric Arc Light, the Light Cabinet. By Gorydon Eugene Rogers, M. D., formerly Demonstrator of Anatomy in the University of New York City, with original illustrations. Price \$3.50. For sale by the Lakeside Publishing Company.

During the last twelve years, Dr. Rogers has devoted a very large portion of his time to light therapy. In this book it is his desire to give such information about the different colored rays and various methods of their employment that the book will be of service to the physician in actual practice.

In the preface he has aimed to give an unbiased account of the results of the treatment in cases coming under his own observation, and also that of his professional friends and acquaintances whose standing is such as to place their statements beyond question, and he has given both his successes and failures, believing that valuable information may be drawn from both.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

Changes in the Nurse Corps of the United States Navy.

APPOINTMENTS.

Julia T. Coonan, New Haven City Hospital.
Margaret Pierce, New York City Hospital, with service in U. S. Army Nurse Corps and Isthmian Canal Hospital Service.

Edna E. Stimpson, St. Luke's Hospital, New Bedford, Mass.

Marguerite Taylor, Newark City Hospital.

Emily C. Smith, Philadelphia City Hospital, late of the Isthmian Canal Hospital Service.

Anna B. Annette, Garfield Memorial Hospital, Washington, D. C.

Lucy C. Cooper, Hospital of the Good Shepherd, Syracuse, N. Y.

Elsie T. Patterson, Presbyterian Hospital, New York City.

Mary M. Robinson, Jefferson College Hospital, Philadelphia, Pa.

REGISTRATIONS.

Tella B. Erwin and M. Estelle Hine.

TRANSFERS.

From the Naval Medical School Hospital, Washington, D. C., to the Naval Hospital, Canacao, P. I.—Mrs. Florence T. Milburn, chief nurse; Elsa H. Claffin, Jennie M. Reed, Susie I. Fitzgerald, Margaret D. Murray and Maud L. McKennie.

From Naval Hospital, Annapolis, Md., to Naval Hospital, Canacao, P. I.—Martha Hamlin.

From Naval Hospital, Norfolk, Va., to Naval Hospital, Canacao, P. I.—Mary H. Humphrey.

To Naval Hospital, Annapolis, Md.—Evelyn W. Jefferson.

From Naval Medical School Hospital, Washington, D. C., to Naval Hospital, Norfolk, Va.—Lily E. White and Claribel M. Pike.

ESTHER V. HASSON,

Superintendent Nurse Corps, U. S. N.

Philippine Service.

The United States Civil Service Commission announces an examination on November 30, 1910, to secure eligibles from which to make certification to fill a vacancy in the position of anaesthetist (female), Philippine General Hospital, at \$1,800 per annum, without board and quarters, and vacancies requiring similar qualifications as they may occur in the Philippine service.

It will not be necessary for applicants to appear at any place for examination. Their eligibility for the position will be determined upon the evidence furnished in examination form 375 concerning their education, training and experience.

Applicants are desired who have had at least one year's experience in the administration of general anaesthetics in institutions for the care of the sick.

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Missionary Service.

Three nurses for hospitals in China and India.

Central India—A thoroughly trained nurse for a large orphanage at Cawnpore.

A trained nurse for a hospital at Taiku, Korea. The missionary appointed will be expected not only to assist in the hospital, but to train Korean nurses for the work. This is a wonderful opportunity.

A trained nurse for Hengchow, Hunan, China.

Two experienced nurses for hospital at Ludhiana, South India. Nearly 1,400 in-patients and 25,000 out-patients were treated in this hospital during the year 1908-09. This need is very urgent indeed.

A trained nurse for China.

Three nurses are needed immediately in the Presbyterian Hospital at San Juan, Porto Rico. They should all be devoted missionary workers. Two of them should be thoroughly



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trained in actual successful hospital experience; the other would be valuable if, in addition to knowledge of nursing, she were capable of taking temporary assignments in other hospital work during the absence of different workers. Knowledge of the Spanish language will be very valuable. Must be physically capable of doing work in this tropical climate. Term of service is five years.

Four nurses for China and Philippines.

Eastern Turkey—Dr. Thom, of Mardin, calls for a nurse to assist him in his work and to take charge of training native nurses.

Central Turkey—A nurse or physician at Hadjin, the nearest medical aid being at Adana.

At Aintab, the medical work presided over by Drs. Shepard and Caroline Hamilton, assisted by Miss Alice Bewer, a trained nurse, calls for a second fully trained missionary nurse.

China—There is a call for a nurse in Foochow City in connection with the Woman's Hospital.

Philippine Islands—Dr. Sibley is building a hospital at Davao, for which he needs a nurse who can be superintendent. This is pioneer work in the great island of Mindanao, and opens up splendid possibilities of usefulness. The need is urgent.

Philippine Islands—One trained nurse.

India—A trained nurse to be stationed at Kolar.

For particulars apply to Mr. Wilbert B. Smith, Acting Candidate Secretary, 125 East Twenty-seventh street, New York City.



Massachusetts.

The post graduate course of four and one-half months of the training school for nurses of the Free Hospital for Women, Brookline, has been continued, giving to nurses holding a diploma from a recognized training school a course in gynecological nursing. This includes assisting at out-patient examinations and treatment, preparation for operation, operating room assisting and after-care of surgical patients.

The graduates and graduating class were given a reception in June by Dr. William H. Baker. Miss Motley and Mrs. Sumner Hollingsworth, of the Ladies' Board, presided.

There have been some changes in the head nurses during the past year. Miss Jessie Davis, formerly operating room nurse, is doing private nursing in Brookline. Her position is filled by Miss Edna Haskins. Miss Grace E. Fowle still continues as assistant superintendent, Miss Clara J. Hodnett, head nurse in recovery ward, and Miss Isabel Robinson, head nurse in out-patient department, and Miss Mary Welch as head nurse in the convalescent surgical wards.

Two classes have been graduated and the following given diplomas: Misses Sarah Flatley, Julia Loftus, Anna B. MacCuspic, Isabel Robinson, Carrie M. Freeman, Bertha Moore, Minerva E. Bentley, Nellie T. Shea, Adams, Welch, Mrs. Rose C. Armstrong, Mrs. Mary A. Donahoe, Misses Maud Kickham, Trenetta M. Corkum, Frances G. Marksby, Ella R. Jardine, Stella Williams, Mae L. Madden, Annie Allen, Mary Allen, Mrs. Frieda Olson.

Two courses of lectures were given during the year, as follows:

Gynecological Nursing: Preparation of patient, room, instruments and dressing—Dr. Edwin B. Nielson.

After-treatment and care of gynecological cases—Dr. Frank A. Pemberton.

Anesthesia: Preparation of patient, administration and after care of patient—Dr. Harold W. Baker.

Urinary Organs: Urinalysis, catheterization of bladder and ureters—Dr. Henry T. Hutchins.

Surgical Sepsis: Asepsis, antisepsis and bacteriology of sepsis—Dr. Stephen Rushmore, Dr. Richard G. Wadsworth.

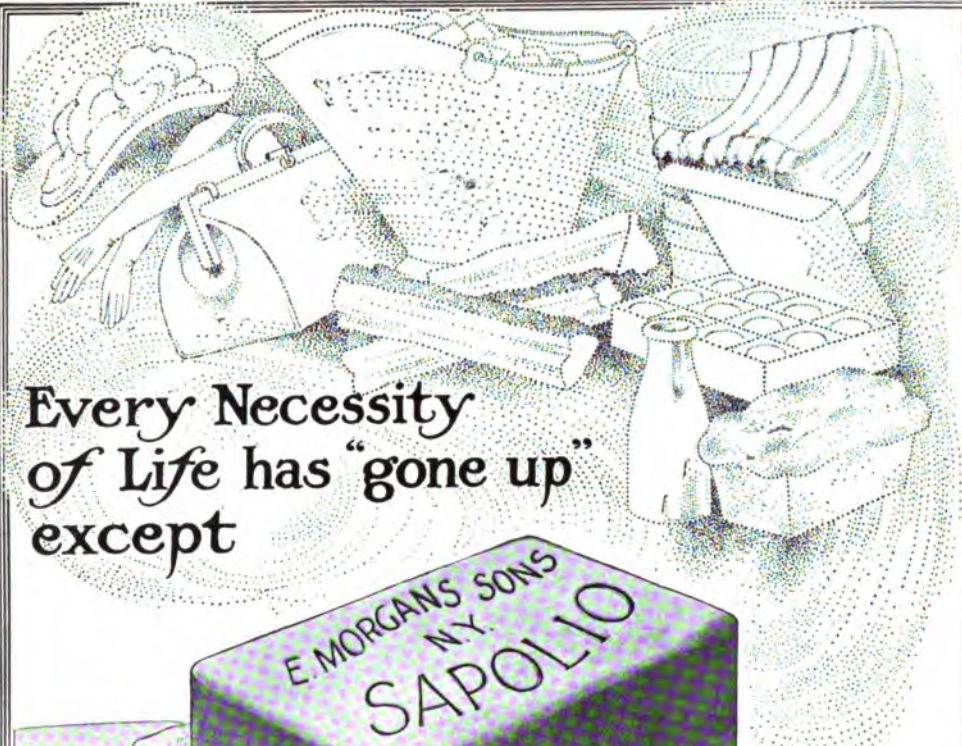
Abdominal Tumors—Dr. Richard G. Wadsworth.

Nursing in private surgical cases—Dr. William P. Graves.

Ethics of nursing—Dr. William H. Baker.

The Fall meeting of the New England Association for the Education of Nurses will be held in the John Ware Hall, of the Medical Library Building, 8 Fenway, Boston, Mass., on Wednesday, November 30, at 8 o'clock in the evening.

The topic of the meeting will be "The New Registration Law; What It Means and Its Advantages." The members of the Massachu-



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the great necessity—still doing the work, reducing drudgery, lightening labor, saving time and money. It is still the large, solid, unwasting cake, still sold at the same price, and it still

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setts State Board of Registration will be the speakers of the evening, and it is hoped that all present will join freely in a general discussion.

The public is cordially invited to attend and take part in the discussion.

The sixteenth annual meeting of the Massachusetts General Hospital Alumnae Association was held in the Thayer Library, Boston, October 25. There was a large attendance. The following officers were elected to serve for two years:

President, Miss Esther Dart; vice-presidents, Miss Bessie Fullerton, Miss M. E. Booker; secretary, Miss Jean C. Cartwright; treasurer, Miss Anna H. Smith; auditors, Miss Annie Fletcher, Miss Minnie Haggart.

On Saturday, October 15, a farewell party was given to the nurses at the home of the Massachusetts Charitable Eye and Ear Infirmary in honor of Miss Mary R. Matthewson, who, after two years of faithful service as head nurse in that institution, is about to take up missionary work in the Philippine Islands. A beautiful silver travelling clock was presented to her by the nurses as a token of the affection and esteem in which she was held. She left Boston on the 18th, and is now on her way to the Philippine Islands, where she expects to open a hospital and establish a training school for native nurses at Davno. She will be the first nurse to go to that island, and the undertaking will no doubt be both arduous and perilous.

Miss Matthewson is a graduate of the New England Hospital for Women and Children, and a member of the Guild of St. Barnabas for Nurses. At the last meeting of the guild it was with deep sorrow that we learned of her departure from amongst us, but she will not be forgotten; the members of the guild will keep in touch with her, ready to help in case of need. At the next meeting the prayers of the church will be offered for her. Miss Matthewson is a remarkably clever and most lovable woman—one of those rare, beautiful characters who seem to have the power of bringing out what is best in those with whom she comes in contact. To know her was to love her. She is bound for five years to the

work she has undertaken, leaving all those she loves behind and going among strangers in a far-off and barely civilized country. She said when leaving that what she would miss most would be the services of the church. Bravely she has followed in the footsteps of the Apostles, who left all and followed Him, and the Master she loves will be with her even there, for has He not said, "Lo, I am with you even unto the ends of the world?"

ETHEL M. BIEBER.

The regular monthly meeting of the Malden Hospital Nurses' Alumnae Association was held at the Nurses' Home Tuesday, November 1, at 3 P. M. Mrs. Lowry, superintendent of the Malden Hospital, gave a very interesting talk on her personal acquaintance with the late Isabel Hampton Robb, and also spoke on State registration. Tea was served and a social time enjoyed by all.



Rhode Island.

The first public graduation exercises of nurses of the Woonsocket Hospital were held October 5. Dr. William C. Monroe, of the Medical Board, presided, and with an appropriate address presented diplomas to Miss Eleanor Carlton, Miss Blanche McNeill and Miss Cora Adams. Dr. L. R. G. Crandon, of Boston, gave an interesting address on professional ethics. A letter of congratulation to the class was read from Dr. Maurice H. Richardson, of Boston. Letters were also read from His Honor, Mayor Mullen, and Colonel McNeill, of Nova Scotia, the father of one of the graduates. There was a musical programme under the direction of Mrs. Evelyn Cook. The good work which the hospital has done will be continued and gives great promise under the direction of Miss H. E. M. Fennsted, who is eminently fitted for the important and responsible position which she occupies.

Miss Helen Parker, 27 years old, superintendent of the district nurses of the Newport Hospital, was struck by an automobile on Broadway, Newport, October 20, sustaining injuries from which she died soon afterward without recovering consciousness.

Miss Parker came from Walton, Nova

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Scotia, and was a graduate of the Newport Hospital. She had been superintendent of the District nurses for a year.

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Connecticut.

The regular monthly meeting of the Alumnae Association of Connecticut Training School for Nurses, New Haven, was held November 4. The meeting was opened by Miss Jeannette Down, first vice-president, Miss Stack, the president, coming in later. Mrs. Isabella Wilcox, our former secretary, from Pine Meadow, was present. Mrs. Wilcox was elected from the floor secretary pro tem., to fill out Miss Julia T. Coonan's unexpired term, Miss Coonan resigning to accept a position in the Army and Navy Nursing Corps at Washington. After a brief business meeting a motion to adjourn was carried. When this number reaches our friends our fair will be a thing of the past, and we sincerely thank the hospitals who so generously responded to our appeal for doll nurses, also all other friends for all the articles which they so kindly sent us, and to THE TRAINED NURSE for its generous offer.

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New York.

The ninth annual convention of the New York State Nurses' Association was held at the Hotel Seneca, Rochester, October 18, 19 and 20. A superintendents' meeting was held on the morning of the 18th, at which Miss Anna Goodrich presided. At the afternoon session reports of officers and committees were the chief features. Rev. Paul Moore Strayer gave the invocation, and the greeting to the nurses was extended by Miss Sophia Palmer.

Mrs. Twiss called for the reading of a letter to the association written by Miss Lavinia L. Dock, R. N., of New York, voicing a protest against the Page law and asking for the indorsement of the association. After a discussion, in which many delegates took part, including Dr. Lois L. Gannett, of Adams, the association unanimously indorsed Miss Dock's protest, and voted to contribute a sum of money to aid in distributing literature against the Page law.

At the morning session of the 19th three interesting papers were presented: "What Rochester Is Doing for Her School Chil-

dren," Katherine G. D'Olier; "Preventable Blindness," Carolyn C. Van Blarcom; "Obstetric Nursing," Nancy E. Cadmus. At 1:30 a luncheon was served at the Hotel Seneca and the afternoon was devoted to automobile rides. At the evening session two very important papers were presented: "The Relation of the Nurse to the Health of the Infant," George W. Goler, M. D.; "A Study of the Period of Early Adolescence," Marion Craig Potter, M. D. At the morning session of the 20th the papers read were: "Ethics—Institutional," Claribel A. Wheeler; "Private Duty," Rose M. Heavern; "Social Service Work for the Hospitals," Mary E. Wadley. Afternoon session: "Almshouse Nursing," Nellie Davis and Jane M. Pindell; "The Nursing of Contagious Cases," Louise F. Arnold; after which there was a discussion of the Red Cross work, conducted by Elizabeth Dewey.

The election resulted as follows:

President, Mrs. C. V. Twiss; first vice-president, Miss Anna L. Aline; second vice-president, Miss Freda L. Hartman; secretary, Mrs. Ernest G. H. Schenck; treasurer, Miss Lina Lightbourn; trustees for three years, Miss Katherine De Witt, Miss Charlotte Ehrlicher; board of nurses' examiners, Miss Bella J. Frazer and Miss Nancy E. Cadmus; executive committee, Miss Anna W. Goodrich, Miss F. Emma J. Jones and Miss Anna Maxwell.

The thirty-fifth annual commencement of the New York City Training School for Nurses was held at the Nurses' Home, Blackwell's Island, October 29. Diplomas were awarded to fifty-seven nurses, this being the largest class in the history of the institution. The Hon. Michael J. Drummond, Commissioner of Public Charities, presided with Edward S. Peck M. D. chairman. The exercises were as follows: Processional; annual report, Miss Jane M. Pendell, superintendent of Training School; addresses to the graduating class by Rev. William Z. Farrell, Robert Abbe, M. D., and Rev. Hugh Birkhead, D. D.; administration of Hippocratic oath and presentation of diplomas by Mrs. Cadwallader Jones chairman Advisory Board of school; address and presentation of prizes by the Commissioner; benediction by Rev. Hugh Birkhead, D. D. Following the exercises there was a reception in Brennan Hall from 5:30 to 7 P. M.



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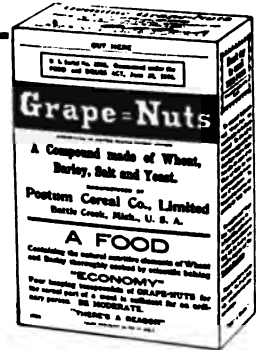
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At the meeting of the Kings County Registered Nurses' Association, held October 13 in the Kings County Medical Building, the Credential Committee reported that five alumnae societies had applied for membership, but only one had come in time to be voted upon, namely, the German Hospital. Miss Anna Davids, superintendent of Training School of Williamsburg Hospital, and Mrs. Stern, of St. John's Hospital, were received as new members. The following were appointed a nominating committee: Miss Tuttle, Miss Horrocks, Miss Warburton, Miss Pencheon, Miss Kurtz. Mrs. Walters was elected to represent Kings County in the Legislative Committee of the N. Y. State Nurses' Association. The association sent its president, Miss Parry, and Miss Dewey, as delegate to the State meeting in Rochester. The Brooklyn local Red Cross Committee invited the society to share with them the invitation to inspect the naval hospital ship Solace at the Brooklyn Navy Yard on October 15—a privilege greatly enjoyed.

A large party of Red Cross nurses visited the U. S. S. Solace, hospital ship, at the Brooklyn Navy Yard October 15. Through the courtesy of Surgeon Clark, the officer in charge, the nurses were shown every detail of the arrangements and equipment for taking care of the sick or wounded of the navy at sea. Hospital Apprentice Dailey and several other hospital apprentices underwent a minute cross-examination as to the rules and regulations concerning the nursing personnel of the ship, and were untiring in their efforts to explain the system of nursing at sea.

Among those who visited the ship were Miss Anna Davids, secretary Brooklyn Local Committee Red Cross; Mrs. Henricksen, Miss Tuttle, Miss MacFarlane, Miss Toupet, Miss Maynard, Mrs. Charles G. Stevenson, secretary State Committee Red Cross; Miss Parry, president Kings County Nurses' Association; Mrs. Ward, Jamaica Hospital; Miss A. C. Maxwell, member of National Committee Red Cross; Miss Ewing, Miss I. B. Nocum, secretary N. Y. County Nurses' Society, and Mrs. Mitchell.

The graduate nurses of the Williamsburg Hospital, Brooklyn, N. Y., organized on Octo-

ber 8, 1909, an association known as "The Alumni Association of the Williamsburg Hospital Training School for Nurses." The annual meeting was held at the nurses' home, October 14, and was attended by a large majority, at which it was decided to give a euchre this coming February for the benefit of the sick benefit fund.

New officers elected for the ensuing year are: President, Mrs. Mary Anderson; vice-president, Miss Sarah A. McCarron; treasurer, Miss Elsie E. Abrams; secretary, Miss Clara M. Naprstek.



Pennsylvania.

The eighth annual convention of the Graduate Nurses' Association of Pennsylvania was held at Philadelphia, October 19, 20 and 21, at the College of Physicians.

Miss Roberta M. West, president of the association, occupied the chair, and brief addresses were made by Dr. Charles Burr, Dr. Walter S. Cornell and Dr. George E. de Schweinitz. Dr. Burr spoke of "The Nurse—Past and Present." "The Nurse as a Municipal Official," was discussed by Dr. Cornell, using as an illustration of her fitness for such work the campaign this Summer by the nurses of Philadelphia against infant mortality. "The Recognized Relation and Co-operation Between Doctor and Nurse," was the theme of Dr. de Schweinitz's discourse. Miss West spoke of what State registration has done for nurses.

In the evening a memorial service for the late Florence Nightingale was held in St. Mark's Protestant Episcopal Church, Locust street, above Sixteenth.

The morning session of the 20th was devoted to business and the reading of a paper by Miss Charlotte E. Perkins, on "Municipal Nursing." In the afternoon Dr. Alice M. Seabrook, head of the Woman's Hospital, read a paper on the "Curriculum of Training Schools. Dr. Seabrook outlined briefly the present system of teaching. The discussion that followed was led by Miss C. I. Milne, superintendent of the Presbyterian Hospital Training School.

Routine business was transacted during the morning session of the 21st and a paper was read by Miss L. A. Giberson on "The

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RUMFORD CHEMICAL WORKS, Providence, R. I.

Care of Cancer Patients." "Red Cross Work" was the topic of the afternoon session.

The election of officers resulted as follows: President, Miss Ida F. Giles; first vice-president, Miss L. A. Giberson; second vice-president, Miss Nell MacAfee; secretary, Miss Annie C. Nedwill; treasurer, Miss Mary T. Weir Kerr. Directors: Miss Roberta M. West and Miss Sara M. Murray. The meeting closed with a reception at the Graduate Nurses' Club, No. 922 Spruce street.

Miss Ruth M. Hahn, of Reading, who will take charge of the Abounding Grace Hospital, at Schenckowfu, Hunan, China, will sail from San Francisco, November 29 on the steamship "Siberia." She will be joined by Dr. William Kelley, the superintendent of the hospital, who will sail on the same ship.

Miss Hahn was graduated from the Woman's Hospital, Philadelphia, in 1909.

The twenty-seventh annual commencement of the Nurses' Training School of the Woman's Hospital, Philadelphia, was held in Clinic Hall, May 25, 1910.

The following nurses received diplomas: Elizabeth Charlotte Strecker, Nellie C. Shoe, Elizabeth Boyd Scott, Bertha May Steer, Bess A. Ulm, Marguerite Coe, Laura Hilda Ebbert, Edith Robinson, Mary Lula Zachary and Mary Estelle Palsgrove.

The honors were awarded to the following: First prize, Edith Robinson; second prize, Bess A. Ulm; third prize, Elizabeth Boyd Scott; surgical prize, Elizabeth Boyd Scott.

It may be of interest to some to know that nurses were sent out from this hospital as early as 1862, though the first public commencement was held in March, 1883.

Miss Ophelia Rush, Class 1894, Allegheny General Hospital, has been appointed a State tuberculosis nurse, with headquarters in Pittsburgh.

Miss Ella J. Boyle, Class 1907, Allegheny General Hospital, has been dangerously ill of appendicitis, but after a successful operation she is now convalescent.

Allegheny General Hospital Nurses' Alumnae Association has elected the new superinten-

dent of nurses, Miss Gertrude Muldrew, R. N., an honorary member of their association, and gave a very delightful reception at the Hospital Nurses' Home, October 11, in her honor.

Dr. and Mrs. Meridith have returned from their wedding trip and are cozily located in their new home, No. 6371 Aurelia street, Pittsburgh, where they will be pleased to see their numerous friends. Mrs. Meridith was Cecelia J. McKinnon, Class 1907, Allegheny General Hospital, and was married at her home in Glencoe, Canada, August 24.

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New Jersey.

The semi-annual meeting of the New Jersey State Nurses' Association was held November 1 in the Free Public Library at Newark. Reports were read from the different committees.

The almshouse committee reported, and this work was discussed. The aim was explained to be the securing of trained nurses in all almshouses. A motion was carried that this committee confer with members of the State Federation of Women's Clubs. The Red Cross committee reported that five members had volunteered for Red Cross service.

Miss Margaret Hickey, of Englewood, told of the work of the federation of women's clubs especially in anti-tuberculosis work, and spoke of efforts made to obtain a pure milk supply. Miss Beatrice M. Bamber, of Perth Amboy, read a paper on "Registration," showing a consensus of opinion among medical men of the desirability of a registration law.

Miss Bertha J. Gardner, in an address, urged the association to be ready with a new bill for the Legislature by next year at least, and not permit New Jersey to lag in this movement. The thought was expressed that the New York law was good, but that experience had shown where it might be improved.

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Kentucky.

The Alumnae Association of the John N. Norton Memorial Infirmary, Louisville, held its annual meeting October 19 at the Nurses' Home. The following officers were elected for the coming year: President, Miss Eliza Johnson; first vice-president, Miss Elizabeth Robertson; second vice-president, Miss Grace

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C. James; secretary, Miss Emma Isaacs; treasurer, Miss Louise Scanland; auditor, Miss Russell Sprake.

Seven new members were admitted. After the regular business of the meeting, refreshments were served and a social hour followed.

+

Connecticut.

The regular quarterly meeting of the Graduate Nurses' Association of Connecticut was held on Wednesday, November 2, at 27 Mainwaring street, New London. After the regular business was finished Miss M. J. Wilkins gave a short informal talk on "District Nursing and Settlement Work," followed by a social hour, during which time the nurses from other parts of the State were entertained by the nurses of the New London Registry.

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New Jersey.

The nurses' alumnae of the Hackensack Hospital held its annual meeting November 7 at the hospital.

The meeting was called to order by the president, Miss Emma Crum. New members were elected to membership. The following officers were elected for the coming year: President, Miss Crum; vice-president, Miss Harriet Leighton; secretary, Miss M. Musselman; assistant secretary, Miss K. Schreck; treasurer, Miss Mary J. Stone. An amendment to the constitution was unanimously voted for, calling for two directors to be chosen by the president. Those chosen were Mrs. A. A. Swayze and Mrs. St. John. A renewal of keeping the first Tuesday of each month as a social day was again agreed upon.

An interesting paper was read by Miss Fannie Forward.

The meeting then became a social one, refreshments being served.

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Personals.

Miss Hilda Winsted, who has been superintendent of the Platon Hospital, at Valley City, N. Dak., for the past ten years, has resigned her position and, after a vacation, will take up private nursing.

Miss Mary Howard Saxton, for the last few years head nurse of the dispensary department of the Johns Hopkins Hospital, has resigned her position, being succeeded by Miss Alice Fitzgerald.

Miss Mary E. Forman has been appointed head surgical nurse at the Louisville City Hospital, Louisville, Ky.

Miss Lela F. Baggerly is engaged in private nursing in Louisville, Ky.

Miss Lilly Garard has received the appointment of superintendent of Hope Hospital, Fort Wayne, Ind.

Miss Angie Brooks, who for the past three years has been the efficient head nurse at the Mary Packer Hospital at Sunbury, has resigned to accept the position of head nurse in the new People's Hospital at Sayre, Pa.

Miss O. B. Storey has been appointed superintendent of nurses at the Physicians and Surgeons Hospital, Wilmington, Del.

Miss Pearl Wilson has been appointed superintendent of the Burge Deaconess Hospital, Springfield, Mo.

Miss Lena G. Townsend has been appointed superintendent of the Coatesville, Pa., Hospital.

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Births.

On October 2, to Dr. and Mrs. Ralph Whittaker, a daughter, Helen Louise.

Mrs. Whittaker was Nellie Ullery, Class 1909, Allegheny General Hospital.

On October 31, to Mr. and Mrs. Howard Moore, a son, Robert Stuart.

Mrs. Moore was Alberta Webb, Class 1909, Allegheny General Hospital.

Obituary.

On October 22, at her home in West Bridgewater, Pa., Mrs. J. E. Long, who was Mary E. Ramsey, Class 1906, Allegheny General Hospital.

Mrs. Long died of pericarditis, having been ill only a few hours before her death. The shock to her relatives and numerous friends is indeed very great. A particularly sad feature is that her five weeks' old baby will never know the good woman God gave her for a mother.

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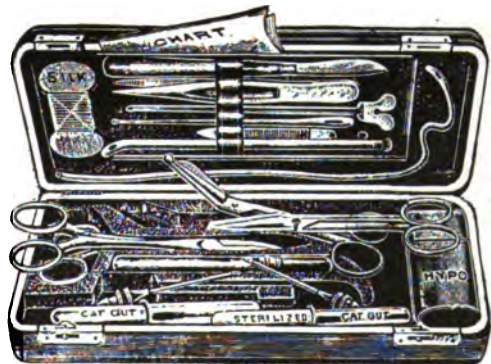
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A monthly Magazine Devoted to Trained Nursing in Private Practice and in the Hospitals of the Country

Editor

ANNETTE SUMNER ROSE

LAKESIDE PUBLISHING COMPANY
PUBLISHERS

OFFICE—114-116 East 28th St., New York City

THE TRAINED NURSE

has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puts no humbugs, and does not take half its space to tell how good the other half is.

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The Editors and printers will greatly appreciate the courtesy of having all manuscript typewritten; or, if this is impossible, clearly written, great attention being given to proper names and medical terms.

Important Notice.

We ask the kind indulgence of our readers and advertisers for any imperfections or deficiencies in this number. The sudden death of Mr. Frank G. Rose deprived the magazine of both general manager and editor at the most critical time of its make-up, and the work had to be undertaken by those utterly unfamiliar with it. Very truly yours,

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Pleasure, Not a Duty.

We simply hate to talk about duty to nurses, for if there is any one class of people more than another who have duty dinned in their ears dismally and eternally, trained nurses are that class.

And yet we would like to talk about duty, in this case a duty which is a positive pleasure.

If you are not looking over the advertising section of every number of **THE TRAINED NURSE** you are really missing something. Those with a real appreciation of the future of nursing know you are missing a lot. Would you like to nurse without a clinical thermometer or a hypodermic syringe? Well, there was a time when there were no clinical thermometers or hypodermic syringes, and when they first began to come in the majority of people did not believe in them any more than they believed in anesthetics at first or antiseptics. But the world is not going to stand still, and these things have made a place for themselves just as some of the new things advertised in this issue of **THE TRAINED NURSE** are going to make a place for themselves, so that in a few years they will become indispensable. Do not be the last to get acquainted with something which in a couple of years will become an absolute necessity in scientific nursing.

Therefore, read the advertisements in this issue, send for the samples and literature so generously offered, get up-to-date, in fact, be just a little bit ahead of the majority.

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is the hygienic secret of many a healthy, luxuriant head of hair. The quality and special character of the ingredients of this pure, pine-tar soap adapt it as specifically to the ordinary as to the extraordinary needs of the hair and scalp.

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